### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) RECEIVED

B & G proj. #: 2012-200

Check # 5567

| Date of Notification (1)                        | N  | ame of Build        | ling Owne   | r/Operator (2) | 2012  | OCT 4-                              |                      |                 |         |         |        |     |
|---|--|---------------------|-------------|----------------|-------|-------------------------------------|----------------------|-----------------|---------|---------|--------|-----|
| 1 0 / 1 2 / 1 2                                 |  | Anne Man            | ganelli     |                | C012  | OCT 17 AM 3: 3                      | 8                    |                 |         |         |        |     |
| Agencies Notified Type Notifica                 |  | reet Address        |             |                | ASB   | ESTOS CONTRE                        |                      |                 |         |         |        |     |
| EPA Initial                                     |  | 9 Plymout           | h Avenu     | e              | 6     | FIRE CUNTRE                         | IL                   |                 |         |         |        |     |
| DEP   | C  | ity, State, Zij     | p Code      |                |       | PHOING                              |                      |                 |         |         |        |     |
| DOL Amend                                       | ment   | Maplewoo            | od, NJ 07   | 7040           |       | -                                   |                      |                 |         |         |        |     |
| ☑ DOH   | N.   | me of Cont          |             |                |       |                                     | Telephon             | e Number        |         |         |        |     |
| ☐ DCA ☐ Cancel                                  | lation   | Jill Gimbe          | er          |                |       |                                     |                      |                 |         |         |        |     |
|   |  | Jiii Giiiio         |             | UTALINEODM     | ATION |                                     |                      |                 |         |         |        |     |
|   |  |                     | FACI        | LITY INFORM    | ATION |                                     | Type of Facility     | (A) ·           |         | _       |        | -   |
| Name of facility where abatement                | is taking pla  | ice (3)             |             |                |       |                                     | School               | K - 12)         |         |         |        |     |
| Anne Manganelli                                 |  |                     |             |                |       |                                     | Subch                | apter 8 (O      | ther th | nan K   | -12)   |     |
| Street Address                                  |  |                     |             |                |       |                                     | Other                | (Private/Co     | omme    | rcial   |        |     |
| Street Address                                  |  |                     |             |                |       |                                     |                      | Homes, et       | _       | RI      | dg. A  | .00 |
| 9 Plymouth Avenue                               | T 0  | + · (0)             |             |                | -     | -h : Codo (7)                       | Square Feet          | # of Floor      | •       | Di      | .y. A  | ige |
| City (5)  | Cour   | nty (6)             |             |                |       | nty Code (7)<br>te use only)        | Current Use (P       | rior if being   | dem     | olishe  | ed)    |     |
| Maplewood, NJ 07040                             | Ess  | ex                  |             |                | ,     | ,,                                  | residential          |                 |         |         |        |     |
| Name of Monitoring Firm Hired by                | and the second s | Up in Jord          | T           | ASCM No.       |       | Name of Abatement Co                | ontractor (9)        | - 2             |         |         |        |     |
| n/a   |  |                     |             |                |       | B & G Restoration,                  | Inc.                 | 858             |         |         |        |     |
| Street Address                                  |  |                     | L           |                | -     | Street Address                      |                      |                 |         |         |        |     |
|   |  |                     |             |                |       | 105 Ryerson Road                    |                      |                 |         |         |        |     |
| City, State, Zip Code                           |  |                     |             |                |       | City, State, Zip Code               |                      |                 |         |         |        |     |
| F   |  |                     |             |                |       | Lincoln Park, NJ (                  | 7035                 |                 |         | -       |        |     |
| Project Manager for Monitoring Fir              | m  | Pho                 | ne Numb     | er             |       | Telephone Number                    |                      | License<br>0378 | Numb    | er      |        |     |
|   |  |                     |             |                |       | 973-696-6869<br>Name of OSHA Monito | ,                    | 0378            |         | _       |        |     |
| Scheduled Start Date (10)                       | Sched  | . Completion        | n Date (11  | 1)             |       | B & G Restoration                   |                      |                 |         |         |        |     |
| 10/24/2012                                      | 10/2   | 4/2012              |             |                |       | Street Address                      | , me.                |                 |         | i isor  |        | *** |
| Occupancy Status During Abatem                  |  |                     |             | -              | _     | 105 Ryerson Road                    |                      |                 |         |         |        |     |
| Facility closed/vacated during                  | g entire peri  | od of abaten        | nent.       |                |       | City, State, Zip Code               |                      |                 |         |         |        |     |
| Abatement performed outsid                      | e of normal  | facility hours      | 5-          |                |       | 5                                   |                      |                 |         |         |        |     |
| Describe:                                       |  |                     |             |                | =     | Lincoln Park, NJ (                  | 7035                 |                 |         |         |        |     |
| Scope of Work (check all that app               | oly)   |                     |             |                |       |                                     |                      |                 |         |         |        |     |
| ☐ Demolition 区                                  | Renovation   | on                  |             |                | □ F   | ull Containment w/nega              | tive pressure        |                 | ag pr   | ocedu   | ıre    |     |
|   | ≥160 sf or   | ≥260 If             |             |                | X V   | fini-enclosure                      |                      | Non-fr          | iable p | oroce   | arut   |     |
| Location of                                     |  | n normally u        |             | /              |       | 3                                   |                      |                 | R       | R       | E      | E   |
| asbestos-containing                             | by maint<br>staff(12)  | enance/custo        | odial       |                |       | sbestos-containing                  | Amount<br>(Specify 8 | SE or           | m       | e<br>p  | n<br>c | n   |
| material to be<br>abated in facility (13)       | Yes  | No                  | N/A         | material (     | (ACM) |                                     | LF)                  | JI 01           | ° v     | a       | a      | L   |
|   | 165  | No                  | IN/A        |                |       |                                     |                      |                 | е       |         | р      |     |
| boiler room                                     |  |                     | $\square X$ | pipe insula    | tion  |                                     | 1 lf                 |                 |         | 부       | 빌      | 111 |
| boiler room                                     |  |                     | LX          | pipe           |       | 10                                  | 5 lf                 |                 | 닖       | ᆜ       | ×      | 井   |
| window area                                     |  |                     | LX.         | pipe insulat   | tion  |                                     | 1 lf                 |                 |         | 무       | 무      | ╫   |
| boiler room                                     |  |                     | LX.         | Floor tile     |       |                                     | 15 sf                |                 |         | 片       | Η      | ╫   |
| ,   | 1  | ED III- III         | 4 10        | ubic Yards of  | Masta | Name of Registered L                | andfill              |                 | Ш       | Ш       | Ц      |     |
| Registered Waste Hauler B & G Restoration, Inc. |  | EP Hauler II<br>563 |             | l yard         | vasic | Tullytown Resource                  |                      | Center          |         |         |        |     |
| City, State                                     |  |                     | Disposal C  | Date           |       | City, State                         |                      |                 |         | edh. er |        |     |
| Lincoln Park, NJ 07035                          |  |                     | 10/25/2     |                |       | Tullytown, PA                       |                      |                 |         |         |        |     |
| Completed by (Print or Type)                    | Title  |                     |             | Signature      |       | Gordana Luna                        |                      | Date<br>10/12/  | 2012    |         |        |     |
| Gordana Luna                                    | Treasur  | er                  |             | I .            |       | 0                                   |                      | 1 10/12/        | 2012    |         |        |     |

Gordana Luna

P. 1' 1

State of NJ Notification of Asbestos Abatement

| Date of Notification (1)  Name of Building Owner/Operator (2)  Pestate of Anne Good  Respective Superior Services  (a)  (a)  (b)  (a)  (b)  (c)  (c)  (c)  (d)  (d)  (d)  (d)  (e)  (e)  (e)  (e   | BEGproj. #:           | 2012-199              |              | (Pu                 | suant to     | NJAC 8:6    | 0-7 and<br>ency       | 12:17P-73 C  | Check#  |                        |           |        |      | _           |
|--|-----------------------|-----------------------|--------------|---------------------|--------------|-------------|-----------------------|--|---|------------------------|-----------|--------|------|-------------|
| Agreed to Northern   Spee Modification   Speed Address   237 Park A venue   247 Early   Northern   Speed Address   247 Early   Speed Address   247 Ea   | 02-07-3               |                       |              |                     |              |             | OIIO y                | 2010 -   | TED A   | PPROVED                | 4         |        | 1    |             |
| Agreed to Northern   Spee Modification   Speed Address   237 Park A venue   247 Early   Northern   Speed Address   247 Early   Speed Address   247 Ea   |                       |                       |              |                     |              | perator (2) | •                     | 17 T30 SIN   | AN TRAIL                                      | ealth & Senio          | r Sei     | Vices  |      | <b></b> ,   |
| DOL   Aisendment   Bast Orange, NJ 07017   Name of Context   Name of East Orange, NJ 07017   Name of East Orange, NJ 07017   School (X-12)     | 1 10 1/11             | 1/1121                |              |                     | ne Good      |             |                       | BESTE  | 0.37  | (aignature)            | 0.4       | is A   |      |             |
| DOL   Aisendment   Bast Orange, NJ 07017   Name of Context   Name of East Orange, NJ 07017   Name of East Orange, NJ 07017   School (X-12)     | Agencies Notified     | Type Notification     | Street       | Address             |              | 1           |                       | & 110S C   | Date: 10/12                                   | 112 Time:              | <u>80</u> | 9-1W   | 1    | _           |
| DOL   Aisendment   Bast Orange, NJ 07017   Name of Context   Name of East Orange, NJ 07017   Name of East Orange, NJ 07017   School (X-12)     | ☐ EPA                 | iedini 🔀              |              |                     |              |             |                       | LICENS   | TWOROL  |                        | -         |        |      |             |
| Cancelation   Name of Context   Name of Absolution   Name of Absolutio   | DEP                   |                       |              | state, Zip          | Code         |             |                       |  | 146   |                        |           |        |      |             |
| Name of facility where abatement is taking place (3)   State of Anne Good   Street Address   Square Facility (4)   School (K - 12)   Subchapper 8 (Other than K-12)   | t⊠ DOL                | ☐ Amendmen            | t   Eas      | st Orange           | , NJ 070     | 17          |                       |  | Telephone                                     | Number                 |           | -      |      |             |
| Name of facility where abaltement is taking place (3)  | Harrison Constitution |                       | Name         | of Contac           | 1            |             |                       |  | 1,010   |                        |           |        |      |             |
| Name of facility where absistement is taking place (3)   State of Anne Good   Street Address   State of Anne Good   State of County (5)   County (6)      |                       | Cancellation          | n   Ne       | incy Tay            | lor          |             |                       |  |   |                        |           | -450   |      | <b>=</b>    |
| Strate of Anne Good   Street Address   Subclupter & County (5)   Subclupter & County (6)   Subclupter & County (7)   Subclupter & County (8)   Sub   |                       | L                     | 11           |                     |              | Y INFORMA   | TION :                | NATIONAL CONTRACTOR OF THE CON |   |                        |           |        |      |             |
| Estate of Annue Good  Stress Address  257 Park Avenue  County (5)  Ess Orange, NJ 07017  Name of Monitoring Firm Fined by Bidg. Owner (8)  ASCM No.  India Good Contractor (9)  B & G Restoration, Inc.  Stress Address  City, State, Zip Code  Lincoln Park, NJ 07035  Compeny Status During Abstractor (County Code (7)  County Code (7)  State (1)  State (1) |                       |                       |              |                     |              |             |                       | T  | Type of Facility (4                           | (K - 12)               |           |        |      |             |
| Strate of Anne Good  Street Address 257 Park A venue  County (5)  East Orange, NJ 07017  Street Address  105 Ryerson Road  Chy, State, 2p Code  Lincoln Park, NJ 07035  Freject Meaninger for Monitoring Firm  Phone Number  972-696-6869  Name of Aboremant Contractor (6)  B & G Restoration, Inc.  Street Address  105 Ryerson Road  Chy, State, 2p Code  Lincoln Park, NJ 07035  Frejerion Number  101/12/012  Street Address  1071-694-6869  Name of CSHA Nonther  B & G Restoration, Inc.  Street Address  1071-694-6869  Name of CSHA Nonther  B & G Restoration, Inc.  Street Address  1071-694-6869  Name of CSHA Nonther  B & G Restoration, Inc.  Street Address  1071-694-6869  Lincoln Park, NJ 07035  Connection  Check Contractor  Inc.  Street Address  1071-694-6869  Non-frieble procedure  Incoln Park, NJ 07035  Contractor  Amount  Amount  Specified or abbestor  Incoln Park, NJ 07035  Contractor  Inc.  Specified or abbestor  Incoln Park, NJ 07035  Contractor  Incoln Park, NJ 07035 | Name of facility w    | where abatement is to | king place   | (3)                 |              |             |                       |  |   |                        | ois a r   | K-17   | Λ    |             |
| Street Address  257 Park Avonue  County (Coda (7) (State use only)  Essex  Est Orange, NJ 07017  Name of Monitoring Firm Hired by Sadg Owner (8)  Name of Monitoring Firm Hired by Sadg Owner (8)  Name of Monitoring Firm Hired by Sadg Owner (8)  Name of Monitoring Firm Hired by Sadg Owner (8)  Name of Monitoring Firm Hired by Sadg Owner (8)  Name of Monitoring Firm Hired by Sadg Owner (8)  Name of Monitoring Firm Short Address  UKy, State, Zip Code  Frigod Merager for Monitoring Firm  Phone Number  Project Merager for Monitoring Firm  Scheduled Start Date (10)  10/12/2012  Coursency Status During Abassament (Check only one)  Scheduled Start Date (10)  Non-Mirable Project Monitoring Firm  Scheduled Start Date (10)  10/12/2012  Coursency Status During Abassament (Check only one)  Scheduled Start Date (10)  Non-Mirable Project Monitoring Firm  Non-Mirable Project Moni |                       |                       |              |                     |              |             |                       |  |   | pter a (Other          | nercit    | al<br> | .,   |             |
| Square Feat   B of Floors   Bidg. Age  |                       | e Good                |              |                     |              |             |                       |  | Bidgs /                                       | Homes, etc.            | 16101     | A)     |      |             |
| County (S)   Cou   | Street Address        |                       |              |                     |              |             |                       |  |   | # of Floors            | T         | Bldg   | Age  |             |
| Carry   County   Co   | 257 Park Ave          | nue                   |              |                     |              | — т         | County                | Code (7)   |   |                        | _         |        |      | <del></del> |
| Name of Monitoring Firm Hired by Bidg. Owner (8)   ASCM No.  | City (5)              |                       | County       | (6)                 |              |             |                       |  |   | nor if being de        | emoli     | shed)  | ,    |             |
| Name of Montatring Firm Hired by Bag. Owner (8)  1/2  Name of Montatring Firm Hired by Bag. Owner (8)  1/2  Street Address  City, State, Zip Code  Project Manager for Montatring Firm  Phone Number  973-69-6-859  Scheduled Start Date (10)  10/12/2012  Cocopiency Status During Abstement (Check only one)    Abstement performed outside of normal feelily hours-   Describer     Other-Describer     Other-Describer    | 20 <b>5</b> 0 2002    |                       |              |                     |              |             | 10.4(t1000)           |  |   |                        |           | -      |      | =           |
| Name of Monitoring Firm Hired by early Control (P)    Steek Address   105 Ryerson Road    | East Orange,          | NJ 07017              |              | 81                  |              | ASCM No.    | IN                    | me of Abatement  | Contractor (9)                                |                        |           |        |      |             |
| Street Address  City, State, Zip Code  Project Menager for Monitoring Firm  Phone Number  973-696-6869  Name of OSHA Monitor  8 & G Restoration, Inc.  Street Address  105 Ryerson Road  City, State, Zip Code  Lincoln Park, NI 07035  Telephone Number  973-696-6869  Name of OSHA Monitor  8 & G Restoration, Inc.  Street Address  105 Ryerson Road  City, State, Zip Code  Lincoln Park, NI 07035  City State, Zip Code  Lincoln Park, NI 07035  Glovebag procedure  Non-frieble procedure  Non-frieb | Name of Monitor       | ring Firm Hired by Bl | dg. Owner (  | ره.                 |              |             | 11 -                  | & G Restorati  | on, Inc.                                      |                        |           |        |      |             |
| Several Address   105 Ryerson Road   City, State, Zip Code   City, State, Zi   | n/a                   |                       |              |                     |              |             |                       |  |   |                        |           |        |      |             |
| City, State, Zip Code   City, State, Zip Code   Lincoln Park, NJ 07035   |                       |                       |              |                     |              |             | 11                    |  | ad  |                        |           |        |      |             |
| Project Menager for Monitoring Firm  |                       |                       |              |                     |              |             |                       | v. State, Zip Code   | 1   |                        |           |        |      |             |
| Project Manager for Monitoring Firm  Phome Number  Scheduled Start Date (10)  10/12/2012  10/12/2012  Cooupancy Status During Abasement (Check only one)  Facility dosed/vacated during entire pariod of abasement.  Abasement parformed outside of normal facility hours- Describle:  Stope of Work (check all that apply)  Demoilation  Renovation  Renovation  Mini-andiosure  Mini-andiosure  Mini-andiosure  Mini-andiosure  Mini-andiosure  Pescrible of or 2250 if  Septential to be abasement boiler room  Pasterial (ACM)  Respisiered Waste Hauler  B & G Restoration, Inc.  Streat Address  105 Ryerson Road  City, State, Zip Code  Lincoln Park, NJ 07035  Glovabag procedure  Mini-andiosure  Mini-andiosure  Mini-andiosure  Description of abasettos-containing material (ACM)  Description of abasettos-containing material (ACM)  Description of abasettos-containing material (ACM)  Description of abasettos-containing (Specify SF or o a a c c LF)  Vest No N/A  Pipe insulation  NDEP Hauler ID2  19563  Name of Registered Landfill  Tullytown Resource & Recovery Center  City, State  Tullytown, PA  Deter  Domoiled by (Print or Type)  Title  Signature  Glovabag procedure  Trullytown Resource & Recovery Center  City, State  Tullytown, PA  Deter  Domoiled by (Print or Type)  Title  Completed by (Print or Type)  Title  Trullytown, PA  Deter  Domoiled Description of Type  Title  Trullytown, PA  Deter  Domoiled Description of D | City, State, Zip C    | ode                   |              |                     |              |             |                       |  |   |                        |           |        |      |             |
| Scheduled Start Date (10)   Sched. Completion Date (11)   Name of OSHA Monitor   Scheduled Start Date (12)   Scheduled Start Date (12)   Scheduled Start Date (13)   Scheduled Start Date (14)   Sched   | F3774.▼ 1. DE RG CC   |                       |              |                     |              | man .       |                       | Lincolli Faik,   | 13 0100                                       | License No             | mbe       | Ţ      |      |             |
| Scheduled Start Date (10)   Sched. Completion Date (11)   10/12/2012   | Project Manager       | for Monitoring Firm   |              | Pho                 | ane Numbe    | r           | 11"                   | 973-696-6869   | #.<br>= 1000000000000000000000000000000000000 | 0378                   |           |        |      |             |
| Scheduled Start Date (10)  10/12/2012  Cooupancy Status During Abatament (Check only one)  Facility closed/vacated during antire partod of abatement.  Abatement performed outside of normal fecility hours- Describe:  Cither-Describe:  Scope of Work (check all that apply)  Demoilation  Renovation  Renovation  Full Containment w/negative pressure  Sie of v >3 st or v >3 st o |                       |                       |              |                     |              |             | N                     |  | nitor   |                        |           |        |      |             |
| 10/12/2012   10/12/2012   10/12/2012   10/12/2012   Street Address   105 Ryerson, Road   | Cabadulad Start       | Date (10)             | Sched.       | Completio           | n Date (11)  |             | And the second second |  |   |                        |           |        |      |             |
| Coupency Status During Abstement (Check only one)   105 Ryerson, Road  |                       | Qual (10)             |              |                     |              |             |                       |  |   |                        |           |        |      |             |
| City, State, Zip Code    Facility closed/vacated during entire parked of abatement.  | 10/12/2012            | -                     |              |                     |              |             | $\neg 1$              | 105 Ryerson R  | ozd   | •                      |           |        |      |             |
| Facility closed/vecked unity and provided outside of normal facility hours—   Describer   Describer     Describer  | Occupancy Stat        | us During Abatemen    | t (Check on  | ly one;<br>Infahase | ment         |             | lc                    | ity, State, Zip Cod  | le  |                        |           |        |      |             |
| Describe:    Other-Describe:   Scope of Work (check all that apply)   Demolation   Full Containment w/negative pressure   Glovebag procedure   Non-frieble procedure   Non-frieble procedure   Non-frieble procedure   | Facility clo          | sed/vecated during    | of normal fe | cility hou          | 9-           |             | - 11                  |  |   |                        |           |        |      |             |
| Scope of Work (check all that apply)  □ Demolition  □ Renovation  □ 2160 of or 2260 if  □ Location of ashestos-containing material to be abated in facility (13)  Dasement boiler room  Registered Waste Hauler  B & G Restoration, Inc.  □ NJDEP Hauler ID#   Cubic Yards of Waste   Tullytown Resource & Recovery Center      City, State   Completed by (Print or Type)   Title   Signature   Cubic Yards of Waste   Cubic Yards    | Describe:             | t perioritied barana  |              |                     |              |             |                       | Lincoln Park,  | NJ 07035                                      |                        |           |        |      |             |
| Demolition   Renovation   Point Confidence   Non-frieble procedure   |                       |                       |              |                     |              |             |                       |  |   |                        |           |        |      |             |
| Demolition   Mini-anclosure   Non-friable procedure  | Scope of Work         | (check all that apply | 1)           |                     |              |             | [] so                 | Containment Wit  | negative pressure                             | ☑ Gloveba              | g pro     | cedu   | re   |             |
| Location of asbestos-containing material to be abated in facility (13)  Registered Waste Hauler  B & G Restoration, Inc.  City, State  Lincoln Park, NJ 07035  Completed by (Print or Type)  Is location normally used solely by maintenance/custodial staff(12)  Pescription of asbestos-containing (Specify SF or o a a c c c c c c c c c c c c c c c c c  | ☐ Demolitic           | on 🛛                  | Renovation   | 1                   |              |             |                       |  |   | Non-frie               | ble p     | 10080  | iure |             |
| Location of asbestos-containing material to be abated in facility (13)  basement boiler room  Registered Waste Hauler B & G Restoration, Inc.  City, State Lincoln Park, NJ 07035  Completed by (Print or Type)  Is location normally used solely by maintenance/custodial staff(12)  Pescription of asbestos-containing (Specify SF or LF)  Description of asbestos-containing (Specify SF or LF)  Pescription of asbestos-containing (Specify SF or LF)  Description of asbestos-containing (Specify SF or LF)  N/A  Pipe insulation  Description of asbestos-containing (Specify SF or LF)  N/A  Pipe insulation  Disposal Date (City, State Tullytown Resource & Recovery Center Tullytown, PA  Date 10/15/12  Completed by (Print or Type)  Title  Signature  Great State Signature  Completed by (Print or Type)  Title  | [∑] >3 sfor >         | -3 lf 🗍               | ≥160 of or 2 | 280 lf              | 1970/03/2020 |             | ISI MI                | II-GIIGOSD-6   |   | $\overline{}$          | R         | R      | E    | T           |
| Description of abbestos-containing material to be abated in facility (13)   Yes   No   N/A     N/A     Description of abbestos-containing material (ACM)   LF)   N/A   LF)   N/A   L/A     |                       |                       | is location  | normally            | used solely  | 4           |                       | 00 800   | Amount  |                        |           | 1985   |      | 3           |
| material to be abated in facility (13)  Yes No N/A  Pipe insulation  Disposal Date  Lincoln Park, NJ 07035  Completed by (Print or Type)  Title  N/A  Pipe insulation  N/A  Pipe insulation  Disposal Date  10/15/12  Title  Pip L  Pip L | Location              | containing            |              | nance/cut           | (COCIA)      | Descrip     | las to not            | bestos-containing  | (Specify                                      |                        |           | a      | 100  | C           |
| Disposal Date Lincoln Park, NJ 07035    Date Lincoln Park, NJ 07035    Completed by (Print or Type)   Title   Signature   Cubic Signature  | material              | to be                 |              |                     | T            | materia     | II (ACIVI)            |  | LF)   |                        | . 22      | i      | 1990 | -           |
| Registered Waste Hauler  B & G Restoration, Inc.  City, State  Lincoln Park, NJ 07035  Completed by (Print or Type)  Title    Disposal Date   Tullytown, PA   Date   Tullytown, PA   | abated in             | n facility (13)       | Yes          | No                  | INA          |             |                       |  | 1616  |                        |           | ŕ      | П    | I           |
| Registered Waste Hauler B & G Restoration, Inc.  City, State  Lincoln Park, NJ 07035  Completed by (Print or Type)  Title    Cubic Yards of Waste   Name of Registered Landfill   Tullytown Resource & Recovery Center   | -1.5                  |                       |              |                     | X            | pîpe insu   | lation                |  | 15 11   |                        | П         | F      | 旨    | 忻           |
| Registered Waste Hauter  B & G Restoration, Inc.  City, State  Lincoln Park, NJ 07035  Completed by (Print or Type)  Title  NJOEP Hauter 10  3/4 yards  Tullytown Resource & Recovery Center  City, State  Tullytown, PA  Date  10/15/12  Signature  Completed by (Print or Type)  Title  NJOEP Hauter 10  19563  3/4 yards  City, State  Tullytown, PA  Date  10/11/2012  | basement boile        | t toom                |              |                     | 1            |             |                       |  |   |                        | 片         | H      | 計    | 情           |
| Registered Waste Hauter  B & G Restoration, Inc.  City, State  Lincoln Park, NJ 07035  Completed by (Print or Type)  Title  NJOEP Hauter 10  3/4 yards  Tullytown Resource & Recovery Center  City, State  Tullytown, PA  Date  10/15/12  Signature  Completed by (Print or Type)  Title  NJOEP Hauter 10  19563  3/4 yards  City, State  Tullytown, PA  Date  10/11/2012  | -                     |                       |              |                     |              |             |                       |  |   |                        | H         | H      | 干    | T           |
| Registered Waste Hauter  B & G Restoration, Inc.  City, State  Lincoln Park, NJ 07035  Completed by (Print or Type)  Title  NJOEP Hauter 10  3/4 yards  Tullytown Resource & Recovery Center  City, State  Tullytown, PA  Date  10/15/12  Signature  Completed by (Print or Type)  Title  NJOEP Hauter 10  19563  3/4 yards  City, State  Tullytown, PA  Date  10/11/2012  |                       |                       |              |                     |              | ]           |                       |  |   |                        | 1         | 一      | 片    | 情           |
| Registered Waste Hauter  B & G Restoration, Inc.  City, State  Lincoln Park, NJ 07035  Completed by (Print or Type)  Title  NJOEP Hauter 10  3/4 yards  Tullytown Resource & Recovery Center  City, State  Tullytown, PA  Date  10/15/12  Signature  Completed by (Print or Type)  Title  NJOEP Hauter 10  19563  3/4 yards  City, State  Tullytown, PA  Date  10/11/2012  |                       |                       |              |                     |              |             |                       | - A A  | Jan Jan                                       |                        | L         |        | ייונ | 1-4         |
| B & G Restoration, Inc.  19563  3/A yards  10thytown Resulted State  City, State  Lincoln Park, NJ 07035  Completed by (Print or Type)  Title  Signature  Checking Lincoln  Total  | Registered Wa         | iste Hauler           |              |                     |              |             | of Waste              | Name of Registe  | rac Landilli<br>Source & Recove               | ry Center              |           |        |      |             |
| City, State Lincoln Park, NJ 07035  Completed by (Print or Type)  Title  Disposal Date  10/15/12  Tullytown, PA  Date  10/1-1/2012   | B & G Rest            | oration, Inc.         |              |                     |              |             |                       |  | Pariso of Manager                             |                        |           |        |      |             |
| Lincoln Park, NJ 07035  Completed by (Print or Type)  Title  Signature  Concludes Long  10/11/2012   |                       |                       |              |                     |              |             |                       | 1  | A   | 31Y 14-352 60-11-11-11 |           |        |      |             |
| Completed by (Print or Type) Title Signature Conditions Lines 10/11/2012   | Lincoln Pa            | ik, NJ 07035          |              |                     | 10/15/       |             |                       | I unytown, I   |   | Date                   |           |        |      |             |
|  |                       |                       |              |                     |              | Signature   | • (                   | Gordana Lun  |   | 10/11/                 | 2012      |        |      |             |

## State of NJ Notification of Asbestos Abatement Pursuant to NJAC 8:60-7 app 42:120-

(Pursuant to NJAC 8:60-7 and 12:120 2012-199 B & G proj. #: Check # 5566 Emergency 2012 OCT 17 AM 3: 37 Date of Notification (1) Name of Building Owner/Operator (2)  $\frac{1}{1} \frac{0}{1} \frac{1}{1} \frac{1}{1} \frac{1}{1} \frac{1}{2}$ Estate of Anne Good Agencies Notified Street Address ☐ EPA Initial 257 Park Avenue DEP City, State, Zip Code Amendment DOL East Orange, NJ 07017 Telephone Number DOH. Name of Contact Cancellation ☐ DCA Nancy Taylor **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Estate of Anne Good Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Square Feet Bldg. Age # of Floors 257 Park Avenue County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Essex residential East Orange, NJ 07017 Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. B & G Restoration, Inc. n/a Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 973-696-6869 0378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 10/12/2012 10/12/2012 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Renovation Full Containment w/negative pressure ≥160 sf or ≥260 lf >3 sf or >3 If Mini-enclosure Non-friable procedure Is location normally used solely E Location of E by maintenance/custodial A n asbestos-containing Amount Description of asbestos-containing staff(12) m C material to be (Specify SF or material (ACM) C 0 a abated in facility (13) LF) Yes No N/A p pipe insulation 15 lf basement boiler room Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Name of Registered Landfill 19563 B & G Restoration, Inc. 3/4 yards Tullytown Resource & Recovery Center Disposal Date City, State City, State 10/15/12 Lincoln Park, NJ 07035 Tullytown, PA

Signature

Gordana Luna

Date

10/11/2012

Completed by (Print or Type)

Gordana Luna

Title

Treasurer

Gordana Luna

UUL 12 2012 02-07F

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) 2012-203 B & G proj. #: Check # 5569 \*\*\*Emergency\*\*\* Name of Building Owner/Operator (2) AFPROVED Date of Notification (1) NA Dept. of Health & Senior Services AM 3: 39 10/12/12 Fran Bartzak 2 OCT 17 Agencies Notified Type Notification 122 72nd Street: STOS CONTROL ☐ EPA Initial ☐ DEP City, State, Zip Code, LICENSING Amendment M DOL North Bergen, NJ 07047 Telephone Number Name of Contact HOG X Cancellation T DCA Fran Bartzak FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K-12) Subohapter 8 (Other than K-12) Fran Bartzak Other (Private/Commercial Street Address Bldgs./Homes, etc. Square Feet | # of Floors Bldg, Age 122 72nd Street County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) residential Hudson North Bergen, NJ 07047 Name of Abatement Contractor (9) Name of Monitoring Firm Hirad by Blog. Owner (8) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Aip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 0378 973-696-6869 Name of OSHA Monitor Sched, Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 10/13/2012 10/13/2012 Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Full Containment w/hegative pressure X Glovebag procedure ☐ Demolition Renovation Non-friable procedure Mini-enclosure 2150 sf or 2260 If X >3 sf or >3 If is location normally used solely E Location of e by maintenance/custodial n Amount п asbestos-containing Description of asbastos containing m p C (Specify SF or staff(12) C material to be material (ACM) . 0 9 abated in facility (13) L 1 NA Yes No p 40 If pipe insulation boiler room X IO IF pipe boiler room

Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NUDEP Haules 19563 1/2 yard Tullytown Resource & Recovery Center B & G Restoration, Inc. Disposal Date City, State

Lincoln Park, NJ 07035 Completed by (Print or Type) Gordana Luna

Tiele Treasurer Signature

10/15/12

Cardona Luna

Tullytown, PA

10/12/2012

### State of NJ Notification of Asbestos Abatement

| B & G proj. #:                 | 2012-203                             |                          | (P            | ursuar                              | t to NJAC 8  ***Emer                           | 60-7<br>gen | and 12:12      | 20-7)                   | Check                         | # 5569             |         |        |            | <u>.</u>                               |
|--------------------------------|--------------------------------------|--------------------------|---------------|-------------------------------------|--|-------------|----------------|-------------------------|-------------------------------|--------------------|---------|--------|------------|--|
| Date of Notification           | (1)                                  | I I Nan                  |               | THE RESERVE                         |  |             |                |                         |                               |                    |         |        |            |  |
| 1 10 1/1 12                    | 1/1121                               | D.                       | an Bartza     | ılıg Own                            | er/Optiator(2)                                 | 17          | AM 3: 3        | 9                       |                               |                    |         |        |            |  |
| Agencies Notified EPA          | Type Notification                    | Stre                     | et Address    |                                     |  |             | CONTRO         | )L.                     |                               | ğ                  |         |        |            | _                                      |
| ☐ DEP  ☐ DOL                   | ☐ Amendn                             | City                     | , State, Zip  | Code                                |  | .ioci       | 101110         |                         |                               |                    |         |        |            |  |
| ☑ DOH                          | ☐ Cancella                           | Nam                      | orth Ber      | THE R. P. LEWIS CO., LANSING, MICH. | 07047  |             |                |                         | Telepho                       | ne Numbe           | r       |        |            |  |
| ☐ DCA                          | L Caricella                          | III <u>F</u>             | ran Bartz     | zak                                 |  |             |                |                         |                               |                    |         |        |            |  |
|                                |                                      |                          |               | FAC                                 | ILITY INFORM                                   | ATION       |                |                         |                               |                    |         |        |            |  |
| Name of facility wh            | ere abatement is                     | taking place             | (3)           |                                     |  | 7/100       |                |                         | Type of Facility              | (4)<br>ol (K - 12) |         |        | -2500112-0 | ************************************** |
| Fran Bartzak                   |                                      |                          |               |                                     |  |             |                |                         | =                             | napter 8 (C        |         | nan K  | 12)        |  |
| Street Address                 |                                      |                          |               |                                     |  |             |                |                         | Other                         | (Private/C         | omme    |        | ,          |  |
| 122 72md Street                |                                      |                          |               |                                     |  |             |                |                         | Bldgs<br>Square Feet          | ./Homes, e         |         | Blo    | lg. Ag     | je                                     |
| 122 72nd Street                | L                                    | County                   | (6)           |                                     |  | Cou         | nty Code (7)   |                         | oquale i cet                  | # 011 100          |         |        |            | \$4720                                 |
| o.i, (e)                       |                                      |                          | 1             |                                     |  |             | te use only)   |                         | Current Use (F                | Prior if beir      | ng dem  | olishe | ed)        |  |
| North Bergen,                  |                                      | Hudso                    | COSTA COSTA   |                                     |  | <u>L</u> ,  | INI of Ab      | atomost C               | residential<br>Contractor (9) |                    |         |        |            |  |
| Name of Monitoring             | g Firm Hired by I                    | 3ldg. Owner (            | (8)           |                                     | ASCM No.                                       |             |                |                         |                               | *                  |         |        |            |  |
| n/a                            |                                      |                          |               |                                     |  | _           | Street Addr    | estoration              | n, Inc.                       |                    |         | _      |            |  |
| Street Address                 |                                      |                          |               |                                     |  |             |                | rson Roa                | d                             |                    |         |        |            |  |
| City, State, Zip Cod           | e                                    |                          |               |                                     |  | _           | City, State, 2 |                         |                               |                    |         |        | - bac      |  |
|                                |                                      |                          |               |                                     |  |             | Lincoln        | Park, NJ                | 07035                         |                    |         |        |            |  |
| Project Manager for            | Monitoring Firm                      |                          | Pho           | ne Numb                             | per  |             | Telephone I    |                         |                               | License            | Numb    | oer    |            | -2350                                  |
|                                |                                      |                          |               |                                     |  |             | 973-690        |                         |                               | 0378               |         |        |            | _                                      |
| Scheduled Start Da             | te (10)                              | Sched. 0                 | Completion    | Date (1                             | 1)   |             | Name of O      | SHA Monit<br>Restoratio |                               |                    |         |        |            |  |
| 10/13/2012                     |                                      | 10/13/2                  | 2012          |                                     |  |             | Street Addr    |                         | II, IIIC.                     |                    |         |        |            |  |
| Occupancy Status I             | During Abatemer                      |                          |               |                                     | 22.0   |             | 105 Rye        | erson Roa               | d                             |                    |         |        |            |  |
|                                | d/vacated during<br>erformed outside |                          |               |                                     |  |             | City, State,   |                         |                               |                    |         |        |            |  |
| Describe: Other-Describ        | be:                                  |                          |               |                                     |  | _           | Lincoln        | Park, NJ                | 07035                         |                    |         |        |            |  |
| Scope of Work (ch              |                                      | ')                       |               |                                     |  |             |                |                         |                               |                    |         |        |            |  |
| ☐ Demolition                   | $\boxtimes$                          | Renovation               |               |                                     |  |             | ull Containn   | nent w/neg              | ative pressure                | <b>⊠</b> Glove     | bag pr  | rocedi | ıre        |  |
| $\boxtimes$ >3 sf or >3 lf     |                                      | ≥160 sf or ≥2            | 260 If        |                                     |  |             | Mini-enclosu   | re                      | 4.000                         | ☐ Non-f            | friable | proce  | dure       |  |
| Location of                    |                                      | Is location r            | normally us   | sed solel                           | у  |             |                | 180                     |                               |                    | R       | R      | E          | E                                      |
| asbestos-cor<br>material to be |                                      | by maintena<br>staff(12) | ance/custo    | diai                                | Descript<br>material                           |             | sbestos-con    | taining                 | Amount<br>(Specify            | SF or ·            | m       | р      | c          | n                                      |
| abated in fac                  |                                      | Yes                      | No            | N/A                                 | material                                       | (ACIVI)     | •              |                         | ĹF)                           |                    | o<br>v  | i      | a<br>p     | Ľ                                      |
|                                |                                      |                          |               |                                     | 1  | tion        |                |                         | 40 lf                         | -                  | e       | 1      | <u> </u>   | $\vdash$                               |
| boiler room                    |                                      |                          |               | <del>L</del>                        | pipe insula                                    | tion        |                |                         | 10 lf                         |                    | +127    | 片      |            | 片                                      |
| boiler room                    |                                      |                          |               | LX.                                 | pipe   |             |                |                         | 1011                          |                    | #       | 片      | H          | 片                                      |
|                                |                                      |                          |               |                                     | 1  |             |                |                         |                               |                    | 計       | 旨      | 一          | 恄                                      |
|                                |                                      |                          |               | -                                   |  |             |                |                         |                               |                    | 吉       |        |            |  |
| Registered Waste F             | lauler                               | NJDEF                    | Hauler ID     | # (                                 | Cubic Yards of                                 | Waste       |                |                         |                               |                    | =1==    | 1      |            |  |
| B & G Restorati                |                                      | 1956                     |               |                                     | 1/2 yard                                       |             |                |                         | rce & Recover                 | y Center           |         |        |            | _                                      |
| City, State                    | 11.07035                             |                          |               | 0isposal  <br>10/15/                |  |             | City, Stat     |                         |                               |                    |         |        |            |  |
| Lincoln Park, N                |                                      | Title                    | <del></del> L | 10/10/                              | Signature                                      |             |                |                         |                               | Date               |         |        |            |  |
| Gordana Luna                   | t or Type,                           | Treasurer                |               |                                     | <b>→</b> 000 (000 (000 (000 (000 (000 (000 (00 |             | Gordana        | Luna                    |                               | 10/12              | 2/2012  | !      |            |  |

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

2012-196

B & G proj. #: Check # 5564 Date of Notification (1) ASBESTOS CONTROL & LICENSING Name of Building Owner/Operator (2) 1 0 / 1 2 / 1 2 Jennifer Monsell Agencies Notified Type Notification Street Address ☐ EPA Initial 546 Berrywood Avenue ☐ DEP City, State, Zip Code Amendment DOL Bridgewater, NJ 08807 Name of Contact DOH. Cancellation ☐ DCA Jennifer Monsell **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Jennifer Monsell Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet 546 Berrywood Avenue County Code (7) County (6) (State use only) Current Use (Prior if being demolished) residential Somerset Bridgewater, NJ 08807 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. n/a Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 10/23/2012 10/23/2012 Occupancy Status During Abatement (Check only one) 105 Ryerson Road ▼ Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) ☐ Demolition Renovation Full Containment w/negative pressure Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf  $\times$  >3 sf or >3 If Is location normally used solely E Ε Location of e е n by maintenance/custodial Amount asbestos-containing Description of asbestos-containing m n staff(12) p С (Specify SF or material (ACM) material to be 0 a LF) abated in facility (13) V Yes No N/A 0 X pipe insulation 33 lf basement X pipe insulation 6 lf under dining room floor 4 lf X pipe insulation under Lallway floor Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. 1 yard Disposal Date City, State City, State 10/24/2012 Tullytown, PA Lincoln Park, NJ 07035 Signature Date Completed by (Print or Type) Title Cordana Luna 10/12/2012 Treasurer Gordana Luna

# State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

2012-192 Check # 5563 B & G proj. #: Date of Notification (1) Name of Building Owner/Operator (2) 1 0 /1 2 /1 2 Jill Gimber Type Notification Agencies Notified Street Address ☐ EPA X Initial 6 Tuxedo Road DEP City, State, Zip Code Amendment DOL Glen Ridge, NJ 07028 Telephone Number Name of Contact DOH. Cancellation ☐ DCA Jill Gimber FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Jill Gimber Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet 6 Tuxedo Road County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) residential Essex Glen Ridge, NJ 07028 Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 10/22/2012 10/22/2012 Occupancy Status During Abatement (Check only one) 105 Ryerson Road ☑ Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure □ Glovebag procedure □ Renovation Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf >3 sf or >3 If E Is location normally used solely E е e n Location of Amount by maintenance/custodial n Description of asbestos-containing m p asbestos-containing C (Specify SF or staff(12) C 0 material (ACM) a material to be LF) V abated in facility (13) N/A No X 60 lf pipe insulation furnace room X 20 lf pipe insulation storage room 6 lf / 6 lf pipe insulation/pipe insulation water meter closet/gas meter closet X 8 lf pipe insulation crawl space 6 lf / 4 lf pipe insulation/pipe insulation bathroom/laundry room Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 1 1/2 yards 19563 B & G Restoration, Inc. City, State Disposal Date City, State Tullytown, PA 10/23/2012 Lincoln Park, NJ 07035 Date Signature Gordana Luna Title Completed by (Print or Type) 10/12/2012 Gordana Luna Treasurer

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) RECEIVED

Job #: 1210-1682

| Date of Notification (1)<br>10/12/12                        | N:                 | ame of Buildi<br>I <b>cDonal Mo</b> | ng Owner / Operat           | or (2) 2012  | OCT 17 AM              |  |             |           |
|---|--------------------|-------------------------------------|-----------------------------|--|------------------------|--|-------------|-----------|
| Agencies Notified Type Notification                         | n St               | reet Address                        | 1010 001p.                  |  | AM .                   | <del>3: 35</del>   |             | -         |
| ⊠ EPA   | 45                 | 5 Dumont P                          | Place                       | ASBL   | STOS CONT<br>LICENSING |  |             |           |
| ☐ DEP ☐ Initial ☐ Amended                                   |                    | ty, State & Z                       |                             | Ł  | LICENSON               | ROL  |             |           |
| <u>-</u>  | 101                |                                     | NJ 07963-0428               |  | - OF WOLNE             |  |             |           |
| ☑   DOH   ☐   Emergen     ☐   DCA   ☐   Cancellate          |                    | ame of Conta                        |                             |  |                        | Telephone  | Numl        | ber       |
|   | IAI                | r. Jack McI                         | Jonald                      |  | 1                      | r.   |             |           |
| N CE US NO  |                    | FACILITY I                          | NFORMATION                  |  |                        |  |             |           |
| Name of Facility Where Abatement is<br>Residential Property | s Taking Place (3) |                                     | Type of Fac                 |  |                        |  |             | 110-20    |
| Street Address  |                    |                                     | School                      |  |                        |  |             |           |
| 55 Bank Street  |                    |                                     |                             | pter 8 (Other th   |                        | 100 Per 11 Per 1 |             |           |
| or James Groot  |                    |                                     | Square Feet                 |  | mmercial buildin       |  | , etc.)     |           |
| City (5)  | unty (6) Cour      | nty Code (7)                        | 20,000                      | 3  |                        | Bldg. Age  |             |           |
|   | rris               | , oodo (1)                          |                             | (Prior if being  | demolished)            | 1952 (new  | rest)       |           |
|   |                    |                                     | Residentia                  |  | demonstred)            |  |             |           |
| Name of Monitoring Firm Hired by Bu                         | ilding Owner (8)   | ASCM                                |                             | atement Contra   | actor (9)              |  |             |           |
| Horizon Environmental                                       | J (-)              |                                     |                             |  | rvices, Corp.          |  |             |           |
| Street Address  |                    |                                     | Street Addre                |  |                        |  |             |           |
| PO Box 316  |                    |                                     | 3859 Sylor                  |  | 400                    |  |             |           |
| City, State & Zip Code<br>Thorofare, NJ 08086               |                    |                                     | City, State &               |  |                        |  |             |           |
| Project Manager for Monitoring Firm                         | Teleph             | one Number                          |                             | t, NJ 08036  |                        |  |             |           |
| Dave or Steve Flanigan                                      |                    | 18-0800                             | Telephone N<br>609-702-04   |  | License N              |  |             |           |
| Scheduled Start Date (10) Sche                              | duled Completion   |                                     | Name of OS                  |  |                        | 00862  | -           |           |
| 10/29/12   10/3   | 1/12               | ,                                   | EMSL Ana                    |  |                        |  |             |           |
| Occupancy Status During Abatement                           | (Check only one)   |                                     | Street Addre                |  |                        |  |             |           |
| Facility Closed/Vacated Durin                               |                    |                                     | 107 Haddo                   |  |                        |  |             |           |
| Abatement Performed Outside  Describe:                      | e of Normal Hours  |                                     | City, State &               | THE PARTY OF THE P |                        |  |             |           |
| Isolated Area   |                    |                                     | Westmont,                   | NJ 08108   |                        |  |             |           |
| Scope of Work (Check all that apply)                        |                    |                                     |                             |  |                        |  |             |           |
| (enesit all that apply)                                     |                    |                                     |                             |  | e Pressure Encl        | OSUITA   |             |           |
| ≥3 sf or ≥3 lf  | ⊠ F                | Renovation                          |                             |  | nclosure               | osuic  |             |           |
| ≥160 sf ≥260 lf   |                    | Demolition                          |                             |  | Bag Procedures         |  |             |           |
|   |                    |                                     |                             | ☐ Non-Ex   | empted and Non         | n-Friable Pr   | ocedu       | ıre       |
| Location of<br>Asbestos-Containing                          |                    | cation                              | Descriptio                  | n of   | Amount                 | Abaten   | nent 7      | уре       |
| Material (ACM)  |                    | lly Used                            | Asbestos-Cor<br>Material (A |  | (Specify               |  | T_          |           |
| TO BE ABATED  |                    | nance or                            | (i.e., thermal s            |  | SF or LF)              | Z   z  | Encapsulate | Enclsoure |
| in Facility   |                    | al Staff?                           | insulation, surface         | cing, VAT  |                        | Remova   | aps         | clso      |
| (13)  |                    | 2)<br>lo N/A                        | or other miscell            | aneous)  |                        | <u>a</u>   =   | i late      | ure       |
| Ground Floor  | 103 1              |                                     | Til.                        |  |                        |  |             | _         |
| Ci Gaila i 1001   | <del></del>        | ☐ 🔯 Flo                             | or Tile                     |  | 1,150 SF               |  |             | Щ         |
|   |                    |                                     |                             |  |                        |  | 빆닏          | H         |
|   |                    |                                     | 244                         |  |                        |  | HH          | H         |
|   |                    |                                     |                             | -  | -                      |  |             | H         |
|   |                    |                                     |                             |  |                        |  | H           | H         |
| Name of Registered Waste Hauler                             |                    |                                     | te Cubic Yards              | Name of Reg  | istered Landfill       |  |             | Ш         |
| Horiman Dianasal  |                    | Hauler ID No                        |                             |  |                        |  |             |           |
| Horizon Disposal  |                    | 22612                               | 5                           | GROWS  |                        |  |             | - 1       |
| City, State<br>Trenton, NJ                                  |                    |                                     | Disposal Date               | City, State  |                        |  |             |           |
| Completed By (Print or Type)                                | 1-                 | Title                               | 10/31/12                    | Morrisville,   | PA                     |  |             |           |
| Kim Trumbetti   |                    | <sup>Title</sup><br><b>Admin.</b> / | Signature                   | Acceptor.  |                        | Date   |             |           |
|   | 1                  | - C                                 | Assu V                      |  |                        | 10/12/1  | 12          |           |

Nonecic

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1209-1678-3 Check #: NA

|                                |               |  |             |             |       |  |                   |               | 127     | 201         |        |             |           |
|--------------------------------|---------------|--|-------------|-------------|-------|--|-------------------|---------------|---------|-------------|--------|-------------|-----------|
| Date of Notification           | (1)           |  | Name        | of Buildin  | ng Ow | vner / Operator(<br>tment of Child     | (2)<br>Iren & Fam | ilies – Offic | e of E  | duca        | tion   | 1           |           |
| 10/5/12                        | T Natific     | otion  |             | Address     | Сраг  | tillette of office                     |                   |               |         |             |        |             |           |
| Agencies Notified              | Type Notific  | ation  |             | akerbri     | dna   | Dlaza                                  |                   |               |         |             |        |             |           |
|                                |               |  |             |             |       |  | 7                 |               |         | E .         |        |             |           |
| ☐ DEP                          | ☐ Initia      |  |             | tate & Zi   |       |  |                   |               |         |             |        |             |           |
| □ DOL                          |               | nded #1  |             | on, NJ C    |       | 0                                      |                   |               | Teler   | hone        | Nur    | nher        | $\neg$    |
| □ DOH     □ DCA                |               | rgency   |             | of Conta    |       |  |                   |               | LIGICI  | Jiloric     |        | illoc:      |           |
| ☐ DCA                          | ☐ Can         | cellation  | Mr. R       | onald W     | lybra | aniec, Operation                       | ons wigr.         |               | 1       | -           | -      |             | _         |
|                                |               |  |             | ILITY II    | NFO   | RMATION                                |                   |               |         |             | - 1-1  |             | -         |
| Name of Facility W             | here Abatem   | ent is Taking Pla  | ace (3)     |             |       | Type of Facility                       |                   |               |         |             |        |             |           |
| <b>Atlantic Campus</b>         | 3             |  |             |             |       | School (K-                             |                   | 14 40)        |         |             |        |             |           |
| Street Address                 | 30 10         |  |             |             |       | Subchapte                              | r 8 (Other tha    | an K-12)      |         |             |        |             |           |
| 2562 Tilton Road               | d             |  |             |             |       | Other (i.e.                            |                   |               |         |             | s, etc | ;.)         | _         |
|                                |               |  |             |             |       | Square Feet                            | # of Flo          | ors           | Bldg.   |             |        |             |           |
| City (5)                       |               | County (6)   | County C    | Code (7)    |       | 11,253                                 | 1                 |               | 1970    | )           |        |             |           |
| Egg Harbor Twp                 |               | Atlantic   |             |             |       | Current Use (P                         | rior if being o   | lemolished)   |         |             |        |             |           |
| Egg narbor rwp                 | <b>,</b> .    | Atlantio   |             |             |       | School                                 |                   |               | 28      | 582         |        |             |           |
| Name of Monitoring             | a Firm Hirad  | by Building Own  | or (8)      | ASCM        | Nο    | Name of Abate                          | ment Contra       | ctor (9)      |         |             |        |             |           |
| Name of Monitoring             | g Firm Hired  | by Building Own  | iei (o)     | 00030       |       | Asbestos an                            | d Mold Ser        | vices. Corr   | ).      |             |        |             |           |
| Environmental (                | Connection    | , IIIC.  |             | 00000       |       | Street Address                         |                   |               |         |             |        |             |           |
| Street Address 120 North Warre | on Stroot     |  |             |             |       | 3859 Sylon E                           |                   |               |         |             |        |             |           |
| City, State & Zip C            |               |  | ×           |             | _     | City, State & Z                        |                   |               |         | II.         |        |             |           |
| Trenton, NJ 086                |               |  |             |             |       | Hainesport,                            |                   |               |         |             |        | 190         |           |
| Project Manager fo             | or Monitorina | Firm   | Telephone   | Number      |       | Telephone Nur                          |                   | Licens        | se Num  | ber         |        |             |           |
| Brian Holbig                   | or wormoning  |  | 609-462-3   |             |       | 609-702-0400                           | )                 |               | 0       | 0862        | 2      |             |           |
| Scheduled Start D              | ate (10)      | Scheduled Cor  | noletion Da | te (11)     |       | Name of OSHA                           | A Monitor         |               |         |             |        |             |           |
| 10/15/12                       | ato (10)      | 10/18/12   |             | ,           |       | EMSL Analy                             | tical             |               |         |             |        |             | 7.00      |
| Occupancy Status               | During Abat   | The Control of the Co | nly one)    |             |       | Street Address                         | 3                 |               |         |             |        |             |           |
| Facility Clo                   | osed/Vacated  | During Entire F  | eriod of Ab | atement     |       | 107 Haddon                             | Ave.              |               |         |             |        |             |           |
|                                |               | Outside of Norm  |             |             |       | City, State & Z                        | ip Code           |               |         |             |        |             |           |
| Describe:                      |               |  |             |             |       | Westmont, N                            | NJ 08108          |               |         |             |        |             |           |
| Isolated A                     |               |  |             |             |       |  |                   |               | -       |             |        |             |           |
| Scope of Work (C               |               | apply)   |             |             |       | -                                      |                   |               |         |             |        |             |           |
| Ocope of Work (o               | noon an area  |  |             |             |       | [                                      |                   | ntainment w   | ith Neg | ative       | Pres   | sure        |           |
| ☐ ≥3 sf or ≥3                  | 3 If          |  | ⊠ Re        | novation    |       |  |                   | nclosure      |         |             |        |             |           |
| ≥160 sf ≥2                     |               |  | ☐ De        | molition    |       |  |                   | Bag Procedu   |         |             |        |             |           |
|                                | 7/7: 7: (St   |  |             |             |       |  | Non-E             | xempted and   |         |             |        |             |           |
|                                | Location of   |  | Is Loca     | tion        |       | Description                            |                   | Amou          |         | Aba         | teme   | ent Ty      | /pe       |
|                                | estos-Contain | ing  | Normally    | Used        |       | Asbestos-Cont                          |                   | (Spec         |         |             |        |             |           |
|                                | aterial (ACM) |  | Solely      |             |       | Material (AC                           |                   | SF or I       | LF)     | 고           | _      | 5           | ᄪ         |
|                                | BE ABATE      |  | Maintena    |             |       | (i.e., thermal sy                      |                   |               |         | - m         | Repair | aps         | cls       |
| 122                            | in Facility   |  | Custodial   |             |       | nsulation, surfactor or other miscella |                   |               |         | Remova      | a-     | Encapsulate | Enclsoure |
|                                | (13)          |  | Yes No      |             |       | of other miscene                       | ineous)           |               |         |             |        | ē           | C         |
|                                |               |  | Yes No      |             |       | 1 01                                   |                   | 1,125 LF      |         | $\boxtimes$ | П      | П           | П         |
| (13) Window O                  | penings       |  |             |             | Asbe  | stos Glazing                           |                   | 1,125 LF      |         |             | H      | H           | H         |
|                                |               |  |             | $\boxtimes$ | 6738  |  |                   |               |         | -           | 님      | 믐           | H         |
|                                |               |  |             | $\boxtimes$ |       |  |                   |               |         | X           | 븜      | Η           | 님         |
|                                |               |  |             | $\boxtimes$ |       |  |                   |               |         | X           | 井      | 屵           | 믐         |
|                                |               |  |             | $\boxtimes$ |       |  |                   |               |         |             | Η      | Η           | 님         |
|                                |               |  |             | $\boxtimes$ |       |  | 1                 | <u> </u>      | ıcıı    | $\boxtimes$ | Ш      | Ш           | Ш         |
| Name of Register               | red Waste Ha  | auler  |             |             |       | Cubic Yards                            | Name of Re        | egistered Lan | Idtill  |             |        |             |           |
|                                |               |  | H           | auler ID    |       | of Waste                               | 0001410           |               |         |             |        |             |           |
| Horizon Dispos                 | sal           |  |             | 22612       |       | 8                                      | GROWS             |               |         |             |        |             |           |
| City, State                    |               |  |             | 37.5        |       | Disposal Date                          | City, State       | - DA          |         |             |        |             |           |
| Trenton, NJ                    |               | The state of the s |             |             |       | 10/18/12                               | Morrisville       | e, PA         |         | Det         |        |             | -         |
| Completed By (P                | rint or Type) |  | 1.00        | itle        |       | Signature                              |                   |               | 1       | Date        | 414    | 2           |           |
| Kim Trumbe                     |               |  |             | \dmin.      |       |  |                   | _             |         | 10/1        | 1/1    | 4           |           |
|                                |               |  |             | UA E        |       | LAM L                                  |                   |               |         |             | 45     |             |           |

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

| Job #: 1202-1621 |  |
|------------------|--|
| Check #: 2868    |  |

|                                      | Date of Notification (1) 6/5/12 Agencies Notified Type Notification |          |                           |       |       |      |                   |               | Name of Building Owner / Operator (2)  Bob Novick Chevrolet, Inc.  Street Address 808 North Pearl Street  City, State & Zip Code |                                  |   |                           |                |        |        |          |             |   |  |
|--------------------------------------|---|----------|---------------------------|-------|-------|------|-------------------|---------------|--|----------------------------------|---|---------------------------|----------------|--------|--------|----------|-------------|---|--|
|                                      | Tyne N  | Intifica | ation                     | _     |       |      |                   | ddre          |  | VIOLET, IIIC.                    |   | 40                        | 2 ULT 13       | •      |        |          |             |   |  |
| ⊠ EPA                                | , ypc i   | ·Otillo  | 2011                      |       |       |      |                   |               |  | Street                           |   | 60.                       | . ,            | AM     | 3:     | 200      |             |   |  |
| ☐ DEP                                |   | Initia   | 3                         |       | C     | ity, | Sta               | ate &         | Zip C  | ode                              |   |                           | ESTNO          |        |        | 40       | 1           |   |  |
| ⊠ DOL                                |   |          | nded #3 OFF<br>O Phase #2 |       | В     | rid  | lge               | ton,          | NJ 0   | 3302                             |   | •                         | ESTOS (        | SINC   | TRO    | )/       |             |   |  |
| ☐ DOH ☐ DCA                          |   |          | gency                     |       | 333   |      | 3 S               |               | ntact  |                                  |   |                           |                | Tele   | bhor   | e N      | umb         | er  |  |
| ☐ DCA                                |   | Cano     | ellation                  |       | N     | irs  | . D               | ebb           | y Nov  | ick                              |   |                           |                |        |        |          |             |   |  |
|                                      |   |          |                           |       |       | F/   | 4CI               | LIT           | Y INF  | DRMATION                         |   |                           |                |        |        |          | _           |   |  |
| Name of Facility Wh                  | nere Ab   | atem     | ent is Taking Pl          | ace   | e (3) | _    |                   |               |  | Type of Fac                      | cility (4)                                |                           |                |        |        |          |             |   |  |
| Bob Novick Auto                      |   |          | -                         |       |       |      |                   |               |  | School                           | (K-12)                                    |                           |                |        |        |          |             |   |  |
| Street Address                       |   |          |                           |       |       |      |                   |               |  |                                  |   | (Other than I             | 11/6/11        |        |        |          |             |   |  |
| 808 North Pearl S                    | Street  |          |                           |       |       |      |                   |               |  | Other (                          | i.e. priv                                 | ate & comm                | ercial buildir | ngs, h | ome    | es, e    | tc.)        |   |  |
|                                      |   |          |                           |       |       |      |                   |               |  | Square Fee                       | et  | # of Floors               |                | Bldg.  | Age    |          |             |   |  |
| City (5)                             | 1000  |          | County (6)                |       | Cou   | inty | Co                | ode (         | 7)   | 21,728                           |   | 2                         |                | 60+    |        |          |             |   |  |
| Bridgeton                            |   |          | Cumberland                | 1     |       |      |                   |               |  | Current Use                      | e (Prior                                  | if being dem              | olished)       |        |        |          |             |   |  |
|                                      |   |          |                           |       |       |      |                   | 110           |  | Auto Deal                        | ership                                    | )                         |                |        |        |          |             |   |  |
| Name of Monitoring                   |   |          | y Building Own            | er    | (8)   |      |                   | ASC           | M No.  | Name of Al                       | ateme                                     | nt Contractor             | (9)            |        |        |          |             |   |  |
| Horizon Environ                      | menta   | I        |                           |       |       |      |                   |               |  |                                  |   | Iold Servic               | es, Corp.      |        |        |          |             |   |  |
| Street Address                       |   |          |                           |       |       |      |                   |               |  | Street Addr                      |   |                           |                |        |        |          |             |   |  |
| PO Box 316                           |   |          |                           | _     |       |      |                   |               |  | 3859 Sylo                        |   |                           | .,             |        |        |          | - 7         |   |  |
| City, State & Zip Co                 |   |          |                           |       |       |      |                   |               |  | City, State                      |   |                           |                |        |        |          |             |   |  |
| Thorofare, NJ 08 Project Manager for |   | rina [   | -iem                      | Т     | lon   | 200  | - A               | lumb          | ·or  | Hainespo<br>Telephone            |   |                           | License        | Niumi  | 205    | -        |             | 195   |  |
| Dave or Steve FI                     |   |          | -11111                    |       | 56-8  |      |                   |               | )CI  | 609-702-0                        |   | :1                        | Licerise       |        | 086:   | ,        |             |   |  |
| Scheduled Start Da                   |   |          | Scheduled Cor             | _     |       |      |                   |               | J. SEE   | Name of O                        |   | onitor                    |                |        | 000    | -0       |             |   |  |
| 6/14/12                              | 110 (10)  |          | 11/1/12                   | ٠٠,٢٠ | Olio  |      | uio               | ( )           |  | EMSL Ana                         |   |                           |                |        |        |          |             |   |  |
| Off Hold: 10/12/1                    | 2   |          |                           |       |       |      |                   |               |  |                                  |   |                           |                |        |        |          |             |   |  |
| Occupancy Status                     | During  | Abate    | ment (Check or            | nly   | one   | )    |                   |               |  | Street Addr                      | ess                                       |                           |                |        |        | 7        |             |   |  |
| Facility Clos                        | sed/Va  | cated    | During Entire P           | eri   | od c  | of A | bat               | eme           | nt   | 107 Hadd                         | CONTRACTOR OF THE CONTRACTOR              | C. 10.7                   |                |        |        |          |             |   |  |
|                                      |   |          | utside of Norma           |       | Hou   | s    |                   |               |  | City, State                      | 7.0                                       |                           |                |        |        |          |             |   |  |
|                                      |   | day '    | 10/14/12 Worl             | K     |       |      |                   |               |  | Westmon                          | t, NJ 0                                   | 8108                      |                |        |        |          |             |   |  |
| ☐ Isolated Are                       |   |          |                           |       |       |      |                   |               |  |                                  |   |                           |                |        |        |          |             |   |  |
| Scope of Work (Ch                    | eck all   | that a   | pply)                     |       |       |      |                   |               |  |                                  |   | Negative P                | ressure End    | closu  | ro.    |          |             |   |  |
| ☐ ≥3 sf or ≥3                        | lf  |          |                           | Г     | a     | R    | ano               | vatio         | n  |                                  | H   | Mini-Enclos               |                | Ciosui | C      |          |             |   |  |
| ≥160 sf ≥26                          |   |          |                           | Ľ     | 4     |      |                   | olitio        |  |                                  | H   |                           | Procedures     | 2      |        |          |             |   |  |
| 2 100 31 220                         |   |          |                           | L     |       |      |                   | 511110        |  |                                  | $\boxtimes$                               |                           | oted and No    |        | able   | Pro      | cedi        | ıre   |  |
| L                                    | ocation   | of       |                           |       | ls L  | OC   | atio              | n             |  | Descripti                        |   | T                         | Amount         |        |        |          |             | Гуре  |  |
|                                      | tos-Co  |          | ng                        | N     |       |      |                   | sed           |  | Asbestos-Co                      | ontainir                                  | ng                        | (Specify       | -      |        |          |             | <u>,                                     </u> |  |
|                                      | terial (A   |          |                           |       |       |      | y by              |               |  | Material (                       |   | 0.000                     | SF or LF)      | A      | 70     | .000     | Ē           |   |  |
|                                      | BE AB   |          |                           |       |       |      |                   | e or<br>taff? |  | (i.e., thermal                   |   |                           |                |        | Remova | Repair   | Encapsulate | Enclsoure                                     |  |
| 1                                    | in Facil<br>(13)  | ıty      |                           | 0     | นรเต  | (12  |                   | laii!         | '  | nsulation, surf<br>or other misc |   |                           |                |        | ova    | air      | sula        | l e   |  |
|                                      | (10)  |          |                           | Y     | es    | No   |                   | N/A           | 1  | or outer miso                    | chanco                                    | 43)                       |                |        | -      |          | ate         | (0)   |  |
| Roof                                 |   |          |                           | Г     | 7     | Г    | 1                 |               | Roof   | ing, Flashin                     | n & Da                                    | ecking 44                 | 0 SF           | _      |        | П        |             | $\vdash$                                      |  |
| Roof Deck                            | i in the second   |          |                           | +     | ╡┼    | F    | 1                 |               |  | site Panels                      | 9 0 0                                     |                           | each           |        |        | H        | 片           | H   |  |
| Throughout                           | -   |          |                           | ╁     | Ħ     | 十    | ††                | d             |  | Tile & Mast                      | tic                                       |                           | 8 SF           |        |        | 片        | 片           | 旹   |  |
| Ceiling                              |   |          |                           | ㅏ     | =     | 卡    | $\dagger \dagger$ | Ħ             |  | Ceiling Board &                  | 15/25/53                                  |                           | 5 SF           |        |        | Ħ        | Ħ           | H   |  |
| Throughout                           |   |          |                           | ╁     | Ħ     | 十    | ⇈                 | Ħ             | 201100000000000000000000000000000000000  | n Linoleum                       | 25 16 16 16 16 16 16 16 16 16 16 16 16 16 |                           | SF             |        |        | Ħ        | Ħ           | H   |  |
| Name of Registere                    | d Wast  | e Hau    | ler                       |       |       | 1    | JJD               |               |  | Cubic Yards                      |   | ne of Registe             |                |        |        |          |             | 1—  |  |
|                                      |   |          |                           |       |       | F    | Hau               | ler II        | O No.  | of Waste                         |   | -                         |                |        |        |          |             |   |  |
| Horizon Disposa                      | 41  |          |                           |       |       |      |                   | 220           | 14   | 10                               |   | OWS                       |                | - 12   |        |          |             |   |  |
| City, State<br>Trenton, NJ           |   |          |                           |       |       |      |                   |               |  | Disposal Date<br>11/1/12         |   | v, State<br>rrisville, PA | ¥.             |        |        |          |             |   |  |
|                                      |   |          |                           |       | Fitle | ·    | - 30              | Signatūre 1   | 1010   |                                  | •   |                           | ate            |        |        | -X-X-X-1 |             |   |  |
| Kim Trumbetti                        |   |          |                           |       |       |      |                   | ,<br>mir      | ı. C   | My l                             | _   |                           |                | 1000   | 0/1    | 1/1      | 2           |   |  |

to do

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Job #:1210-1681 Check #: NA

| Date of Notification                     | (1)           |                   |                 | Vlama  | of D        | ), ildina | - 0   |                               | (0)                                     |          | to to                |                     | 100      |                    |        |                 |           |
|--|---------------|-------------------|-----------------|--|-------------|-----------|-------|-------------------------------|---|----------|----------------------|---------------------|----------|--------------------|--------|-----------------|-----------|
| 10/9/12                                  | (1)           |                   |                 | our  | dae         | Medic     | oal C | er / Operate                  | or (2)                                  | 2010 -   |                      | E YE                | 2,3      |                    |        |                 |           |
| Agencies Notified                        | Type Notifi   | cation            |                 | Street   |             |           | cai C | ciitei                        |   | 50170    | C7 1                 | AM 3:               |          |                    | _      |                 |           |
|  |               |                   |                 |  |             | idon A    | Aven  | ue                            | ,                                       | 6.3      |                      | AM 3                | : 3L     |                    |        |                 |           |
| DEP                                      | ☐ Initia      | al :              |                 |  |             | & Zip     |       |                               |   | 3063     | The                  | 0 -                 | 74       |                    |        |                 |           |
| □ DOL                                    | ☐ Ame         | ended #1          | (               | Collir   | ngsv        | wood,     | NJ 0  | 8103                          |   | & L      | ICE                  | CONTR               | וחי      |                    |        |                 |           |
| □ DOH                                    |               | ergency           | ١               | Vame   | of C        | Contact   |       |                               |   |          |                      | CONTR               | Telep    | ho                 | ne N   | lumb            | er        |
| ☐ DCA                                    | ☐ Can         | cellation         | P               | Mr. S  | cott        | Corle     | ey, G | uild Build                    | ers, In                                 | ic.      |                      |                     | lz.      |                    |        |                 |           |
|  |               |                   |                 | FΔC  | CILI        | TY INI    | FORE  | MATION                        |   |          | -                    |                     |          | _                  |        |                 |           |
| Name of Facility Wh                      | nere Abatem   | nent is Taking PI | ace (3          | 3)   | VIL.        | 1 1 1141  |       | ype of Faci                   | lity (4)                                |          |                      |                     |          |                    | -      |                 | -200      |
| Lourdes Medical                          | Center        | •                 |                 | ,  |             |           | li    | School                        |   |          |                      |                     |          |                    |        |                 |           |
| Street Address                           |               |                   |                 |  |             |           | Ti    | Subcha                        |   | Other th | nan K-1              | 12)                 |          |                    |        |                 |           |
| 218 Sunset Road                          |               |                   |                 |  |             |           | Ī     | Other (i.                     |   |          |                      |                     | ias. h   | ome                | es e   | etc.)           |           |
|  |               | 201               |                 |  |             |           | S     | quare Feet                    |   | # of Fl  | oors                 |                     | Bldg.    | _                  |        | 10.7            |           |
| City (5)                                 | 4             | County (6)        | Cou             | unty C   | ode         | (7)       | 12    | 3,000                         |   | 1        |                      | 13                  | 45 +-    | .9-                | â      |                 |           |
| Willingboro                              |               | Burlington        |                 |  |             | 3.00      |       | urrent Use                    | (Prior i                                |          | demoli               | shed)               | 70       | _                  |        |                 |           |
| 659                                      |               | -                 |                 |  |             |           |       | ospital                       |   | 3        |                      | /                   |          |                    |        |                 |           |
| Name of Monitoring                       | Firm Hired    | by Building Own   | er (8)          |  | AS          | CM No     |       | ame of Aba                    | atemen                                  | t Contra | ctor (9              | )                   |          |                    |        | _               |           |
| Tiger Environme                          | ntal          |                   |                 |  |             |           |       | sbestos a                     |   |          |                      |                     |          |                    |        |                 |           |
| Street Address                           |               |                   |                 |  |             |           | S     | treet Addre                   | SS                                      |          |                      | ,                   |          |                    |        |                 |           |
| 234 20 <sup>th</sup> Avenue              |               |                   |                 |  |             |           |       | 859 Sylon                     |   |          |                      |                     |          |                    |        |                 |           |
| City, State & Zip Coo<br>Brick, NJ 08724 | de            |                   |                 |  |             |           |       | ity, State &                  |   |          |                      |                     |          |                    | 740.50 |                 |           |
| Project Manager for                      | Monitoring    | Eirm I            | Talas           | <u> </u>   | NI          |           |       | ainesport                     |   | 8036     |                      |                     |          |                    |        |                 |           |
| Kelly Walton                             | wormoring     | 25520000000       | Telepi<br>908-8 |  |             |           |       | elephone N                    |   |          |                      | License N           |          | W25                |        | 300             | 6         |
| Scheduled Start Dat                      | e (10)        | Scheduled Com     |                 | The Color of the C | ACTON AND A |           |       | 09-702-04                     |   |          |                      |                     | 00       | 862                | 2      |                 |           |
| 10/13/12                                 | 0 (10)        | 10/14/12          | ihierioi        | II Dali  | e (1        | 1)        |       | ame of OSI<br><b>MSL Anal</b> |   | nitor    |                      |                     |          |                    |        |                 |           |
| Occupancy Status D                       | uring Abate   |                   | ly one          | )  |             |           |       | treet Addres                  |   |          |                      |                     |          |                    |        |                 |           |
| Facility Clos                            | ed/Vacated    | During Entire Pe  | eriod o         | f Aba  | teme        | ent       |       | 07 Haddo                      |   |          |                      |                     |          |                    |        |                 |           |
| Abatement F                              | Performed C   | utside of Norma   | ıl Hour         | rs   |             |           | _     | ity, State &                  |   |          |                      |                     |          |                    |        | -               |           |
| Abatement F Describe: Isolated Area      | Saturday :    | Shift             |                 |  |             |           |       | estmont,                      |   |          |                      |                     |          |                    |        |                 |           |
|  |               |                   |                 |  |             |           |       |                               |   |          |                      |                     |          |                    |        |                 |           |
| Scope of Work (Che                       | ck all that a | pply)             |                 |  |             |           |       |                               |   | 1-10-1   |                      |                     |          |                    |        |                 |           |
| ≥3 sf or ≥3 lf                           |               |                   | 5-3             |  |             | •0.00000  |       |                               |   |          |                      | ent with N          |          |                    | res    | sure            |           |
| ≥3 sf or ≥3 lf<br>≥160 sf ≥260           |               |                   | ×               | Reno   |             |           |       |                               |   |          |                      | sure Encl           | osure    |                    |        |                 |           |
| = 100 SI = 200                           | <i>)</i> II   |                   | Ш               | Dem  | Olitic      | n         |       |                               |   |          |                      | cedures             |          |                    |        |                 |           |
| 10                                       | cation of     |                   | lo I            | ocatio   |             |           |       | D : ::                        |   | Non-Ex   | 1                    | d and Nor           |          | _                  |        |                 |           |
|  | os-Containir  | na                | Norm            |  |             |           | Asl   | Description<br>bestos-Con     |   |          |                      | Amount              | Α        | bat                | eme    | nt T            | ype       |
| Mate                                     | erial (ACM)   |                   | So              | lely b   | У           |           | 7.51  | Material (A                   | CM)                                     |          |                      | Specify<br>F or LF) |          |                    |        | m               |           |
|  | E ABATED      |                   | Mainte          | enanc  | e or        |           | (i.e  | ., thermal s                  | ystems                                  |          |                      | ,                   | 1 3      | D                  | 20     | Encapsulate     | Enclsoure |
| ın                                       | Facility (13) |                   | Custo           | dial S <sup>.</sup><br>(12)  | taff?       | E3        |       | ation, surfac                 |   |          |                      |                     | 3        | Remova             | Repair | psu             | dso       |
|  | (10)          | -                 |                 |  | N/A         | +         | 01 01 | her miscell                   | aneous                                  | 5)       |                      |                     | 5        | 5                  | Ξ.     | late            | ure       |
| Hallways & Office                        | 9             |                   |                 | Ø  |             |           | P     | Cittings                      |   |          | 7415                 |                     |          | 2 1                | _      |                 | _         |
| ayo a omoo                               |               |                   | 井               | <del>위</del> +   | Η           | EIDO      | W5 0  | Fittings                      | 1                                       |          | 71 LF                |                     |          | 111                | 4      | Щ               | Ц         |
|  | -             |                   | H               | 片+   | H           |           |       | _                             | -                                       |          |                      |                     |          | 111                | 4      | 니               | 닏         |
|  |               |                   | 井               | H+   | Η           | +         |       |                               |   |          |                      |                     | ᆜ늗       | 11                 | 4      | Щ               | Ц         |
|  |               |                   | 片               | 井+   | H           | -         | -     |                               |   | -        |                      |                     | <u> </u> | 111                | 4      | 닠               | ᆜ         |
|  |               |                   | H               | H  | H           | -         |       |                               |   |          |                      |                     | -+-      | <del>       </del> | ╬      | 밁               | 닖.        |
| Name of Registered                       | Waste Haul    | er                |                 | חנא  | EP '        | Waste     | Cubi  | c Yards                       | Namo                                    | of Rea   | istorad              | Landfill            |          | ] [                |        | $\sqcup \sqcup$ | Ц         |
| NS5                                      | -             |                   |                 |  |             |           | of W  |                               | Tanne                                   | or neg   | isi <del>c</del> ied | Lanuill             |          |                    |        |                 |           |
| Horizon Disposal                         |               |                   |                 |  | 226         |           | 8     |                               | GRO                                     | WS       |                      |                     |          |                    |        |                 |           |
| City, State                              |               |                   |                 | -  |             |           | Disp  | osal Date                     | City, S                                 |          |                      |                     |          |                    |        |                 |           |
| Frenton, NJ                              | 444           |                   |                 |  |             |           |       | 4/12                          | 100000000000000000000000000000000000000 | sville,  | PA                   |                     |          |                    |        |                 |           |
| Completed By (Print                      |               | A.                |                 | Title  |             | -         | Signa | ature                         |   |          |                      | ***                 | Date     | •                  |        | _               |           |
| Kimberly Trum                            | betti         | 72                |                 | Adı  | mir         | ۲.        | 1     | 7, A.                         |   |          |                      |                     | 10/      |                    | /12    |                 |           |
|  |               |                   |                 |  |             |           | 4     | XU X                          |   |          |                      |                     | 1        |                    |        |                 |           |

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) RECEIVED

Job #:1210-1681 Check #:2867

| Date of Notification 10/9/12   | (1)                 |              |                 |           |           |          |             |                 | Owner / Operator<br>I Center             | (2) <b>20</b> 12        | OCT I     | 7 AM 3:                   | · .         |            |           |           |  |  |
|--|---------------------|--------------|-----------------|-----------|-----------|----------|-------------|-----------------|--|-------------------------|-----------|---------------------------|-------------|------------|-----------|-----------|--|--|
| Agencies Notified  EPA   | Type N              | otifica      | tion            |           | Stree     | t A      | ddre        | ess             | renue                                    | 458                     | Esto      | * AN 3:                   | 53          |            |           |           |  |  |
| ☐ DEP  | -                   | Initial      |                 | Ī         | City,     | Sta      | te &        | Zip C           | ode                                      |                         | LICE      | CONTRO                    | )L          | *          |           |           |  |  |
| □ DOH            |                     | Amen<br>Emer | gency           |           |           |          |             | ooa, r<br>ntact | IJ 08103                                 |                         |           | TE                        | elepho      | ne N       | umb       | er        |  |  |
| ☐ DCA  |                     |              | ellation        | 1.5       |           |          |             |                 | , Guild Builde                           |                         |           | 1                         | мории       |            | 7         | 3.0       |  |  |
| · · ·  |                     |              | <del>,</del>    |           | FA        | CI       | LIT         | Y INF           | ORMATION                                 |                         |           |                           |             |            |           |           |  |  |
| Name of Facility Wh  |                     |              | nt is Taking Pl | ace (3    |           |          |             |                 | Type of Facili                           |                         |           |                           |             |            |           |           |  |  |
| Lourdes Medical  | Cente               | r            |                 |           |           |          |             |                 | School (F                                |                         |           | 400                       |             |            |           |           |  |  |
| Street Address   | es:                 |              |                 |           |           |          |             |                 | Subchap  Other (i.e                      | ter 8 (Other            |           |                           | hom         | .oc c      | to \      |           |  |  |
| 218 Sunset Road  |                     |              |                 |           |           |          |             |                 | Square Feet                              |                         | Floors    |                           | ig. Ag      |            |           |           |  |  |
| City (5)   |                     |              | County (6)      | Co        | unty      | Со       | de (        | 7)              | 23,000                                   | 1                       | 1 10010   |                           | +-          |            |           |           |  |  |
| Willingboro  |                     |              | Burlington      |           | ,         |          |             | ,               | Current Use (                            | Prior if beir           | g demol   |                           |             |            |           |           |  |  |
|  |                     |              |                 |           |           |          |             |                 | Hospital                                 |                         |           | **                        |             |            |           |           |  |  |
| Name of Monitoring   |                     |              | y Building Own  | er (8)    |           | 1        | ASC         | M No.           | Elifferni i friegen grafifer en europe a |                         |           |                           |             |            |           |           |  |  |
| Horizon Environ  | mental              |              |                 |           |           |          |             |                 | Asbestos a<br>Street Addres              |                         | ervices   | s, Corp.                  |             |            |           |           |  |  |
| PO Box 316   |                     |              |                 |           |           |          |             |                 | 3859 Sylon                               | HTML                    |           |                           |             |            |           |           |  |  |
| City, State & Zip Co   | de                  |              |                 |           |           |          |             | 220000          | City, State &                            |                         |           |                           |             |            |           |           |  |  |
| Thorofare, NJ 08   |                     |              |                 |           |           |          |             |                 | Hainesport                               |                         | <b>S</b>  |                           |             |            |           |           |  |  |
| Project Manager for  |                     |              | irm             | Tele:     |           |          |             | per             | Telephone No. 609-702-040                |                         |           | License Nu                | mber<br>008 |            |           |           |  |  |
| Dave or Steve FI Scheduled Start Da  |                     |              | Scheduled Con   | 0.000     |           | 00000000 | -           |                 | Name of OSH                              | -                       |           | L                         | 0000        | ) <u>Z</u> |           |           |  |  |
| 10/13/12   | ite (10)            |              | 10/14/12        | npieti    | טווט      | aic      | (11)        |                 | EMSL Analy                               |                         |           |                           |             |            |           |           |  |  |
| Occupancy Status I   |                     |              |                 |           |           |          |             | C.47            | Street Addres                            |                         |           |                           | -           |            |           |           |  |  |
|  |                     |              | During Entire P |           |           | oate     | eme         | nt              | 107 Haddor                               |                         |           |                           |             |            |           |           |  |  |
| Abatement Describe: Isolated Are   |                     |              | utside of Norma | ai Hoi    | ırs       |          |             |                 | City, State & Westmont,                  |                         |           |                           |             |            |           |           |  |  |
| Isolated Are   |                     | aay S        | mit             |           |           |          |             |                 | westinont,                               | 143 00 100              |           |                           |             |            |           |           |  |  |
| Scope of Work (Ch  |                     | hat ap       | ply)            |           |           |          |             |                 |  |                         | 50 T 97   |                           | O.P.S       | 19780      |           |           |  |  |
|  |                     |              |                 | 5-3       |           |          |             |                 |  |                         |           | nent with Ne              | -           | Pre        | ssure     | )         |  |  |
| ≥3 sf or ≥3  <br>≥160 sf ≥26   |                     |              |                 | $\bowtie$ |           |          | vatio       |                 |  |                         |           | essure Enclo<br>rocedures | sure        |            |           |           |  |  |
| 2100 SI 220  | 00 11               |              |                 | Ш         | De        | :1110    | nitiO       | 11              |  |                         |           | ed and Non-               | Friabl      | e Pro      | cedu      | ure       |  |  |
| L  | ocation             | of           |                 | ls        | Loca      | atio     | n           |                 | Description                              | -                       |           | Amount                    |             |            |           |           |  |  |
|  | tos-Con             |              | 9               |           | mally     |          |             |                 | Asbestos-Con                             |                         |           | (Specify                  |             |            | Ι.,       | П         |  |  |
|  | terial (A<br>BE ABA |              |                 | Mair      | olely     |          |             |                 | Material (A<br>(i.e., thermal s          |                         |           | SF or LF)                 | Re          | Z.         | Encapsula | Enclsoure |  |  |
|  | n Facilit           |              |                 | Cust      | odia      | St       |             |                 | nsulation, surface                       | cing, VAT               |           |                           | Remova      | Repair     | psu       | Sou       |  |  |
|  | (13)                |              |                 | Yes       | (12<br>No |          | N/A         |                 | or other miscell                         | aneous)                 |           |                           | <u>a</u>    | -          | late      | - E       |  |  |
| Hallways & Offic   | 06                  |              |                 | 103       |           |          |             | Flho            | ws & Fittings                            |                         | 71 L      | F                         |             | $\vdash$   | П         | +         |  |  |
| rianways & Onic  | .03                 |              |                 | H         | H         |          | Ħ           | LIDO            | wa a rittinga                            |                         | 1         |                           | TH          | Ħ          | Ħ         | Ħ         |  |  |
|  |                     |              | 78              |           | T         |          |             |                 |  |                         |           |                           |             |            |           |           |  |  |
|  | 3                   |              |                 |           |           |          |             |                 |  |                         |           |                           |             |            |           |           |  |  |
|  |                     |              |                 |           | ĮĘ        |          |             |                 |  |                         |           |                           |             |            |           | 10        |  |  |
| Name of Desistance   | 1 \0/0040           | Haul         |                 | Ш         |           |          |             | Waste           | Cubic Yards                              | Name of                 | Pogiator  | ed Landfill               |             |            |           |           |  |  |
| Name of Registered   | u vvaste            | паин         | ei              |           |           |          |             | D No.           | of Waste                                 | Name of                 | registere | su Lanuilli               |             |            |           |           |  |  |
| Horizon Disposa  | ıl                  |              |                 |           |           |          | 2261        | 12              | 8  | GROWS                   | 350       |                           | Leaner      |            |           |           |  |  |
| City, State<br>Trenton, NJ   |                     |              |                 |           |           |          |             |                 | Disposal Date<br>10/14/12                | City, State<br>Morrisvi |           |                           | ă           |            |           |           |  |  |
| Self-specific was to prove the control of the contr |                     |              |                 | itle      | =         |          | Signature 2 | Date            |  |                         |           |                           |             |            |           |           |  |  |
| 7.1  | Kimberly Trumbetti  |              |                 |           | 1         | ۱d       | mir         | ١.              | Ke V                                     |                         |           |                           | 10/         | 10/9/12    |           |           |  |  |

# 1625

### State of NJ Notification of Asbestos Abatement

proj. \$:

(Pursuant to NJAC 8:60-7 and 12:120-7) RECFIL 2012 OCT 17 AM 3: 14 Date of Notification (1) Name of Building Owner/Operator (2) 110/11/21/11/21 GWEN DAVIS & LICENSING I EPA 20 DAKWOOD AVE Initial DEP City, State, Zip Code WEST LONG BRANCH NJ 07764 Amendment N DOL Name of Contact DOH GWEN DAVIS Cancellation T DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abstement is taking place (3) School (K - 12) PRIVATE HOUSE Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 20 DAKWOOD AVE Bldg. Age Square Feet # of Floors County Code (7) Wast LONG BRANCH MONMOUTH (State use only) Current Use (Prior If being demolished) Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Abatement Contractor (9) ASCM No. NICK Restolation LCC Street Address
72 Brookside Rd Street Address City. State. Zip Code City, State, Zip Code elephone Number Project Manager for Monitoring Firm Phone Number 973-933-2550 Name of OSHA Monitor JFS Environmental LIC Sched, Completion Date (11) Scheduled Start Date (10) Occupancy Status During Abatement (Chock only eno) 2333 Rouk 22 West Facility closed/vacated during two period to accept the Abatement performed outside or normal facility hoursdro paris ... abotement. INION XU 07083 Describe:\_ Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure Glovebag procedure L Demoinión Renovation Non-friable procedure Mini-enclosure 2 >3 sf or >3 If ≥160 sf or ≥260 If is location normally used solely Location of by maintenance/custodial e n Amount asbestos-containing Description of asbastos-containing m n staff(12) C (Specify SF or material to be material (ACM) 0 abated in facility (13) No N/A 200LF xisement airea TSI Registered Waste Hauler NICK Resto Icthor/Lic Cubic Yards of Waste Name of Registered Landfill 6.R.O.W.S Disposal Date 104, NY 07869 Jully town, Completed by (Print or Type)
E(U(24 MEDA TITLE PRESIDENT 10-12-12

|  |            |                        |                 |          | RET                    | ١           | 1  | s              | Check#                                  |        |        | _           |           |
|--|------------|------------------------|-----------------|----------|------------------------|-------------|--|----------------|---|--------|--------|-------------|-----------|
|  |            | Sta                    | ate of N        | ew Jers  | ey                     | C/1         | dom  |                |   |        |        |             |           |
|  | NOTIFI     |                        | ME AS           | FES DAY  | ABATEME                | ,,,,,<br>~) | مابرام   |                |   |        | _      | -71         |           |
|  |            | himana a               | € Bulletin      |          |                        | AM          | 3: 70.6  |                | ipproved<br>Lealth & Se                 |        | ervic  | es          |           |
| e of Natification (1)  | 1          | m                      | RS.             | 150      | 165/100                | -           |  | and .          | TIME                                    | W      | · N    |             |           |
| /0/i// 1   |            | Street /               | Address         | EELE     | HILE                   | CON         | TRO  | ial            | (signature)                             | - â    | :00    | Au li       |           |
| Ext tellal   |            | City, S                | tale, Zi        | Code     | <br>مر                 | 703         | Date   |                | Tin                                     | 16:    | - 00   | 14          |           |
| DEP Amended  |            | KE                     | EAR             | 14 1     |                        |             |  |                |   |        |        | -           | 1         |
| Emergency (include a sentimental)  | ding       | Name                   | of Con          | Ra.      | w B                    |             | 1  |                |   |        |        |             | 34        |
| DOM Cancellation   |            | EA                     | CBITY           | INFORM   |                        |             | Facility (4)                                       |                |   |        | _      |             | 7         |
| tame of Facility Where Abatement is Taking Pla   | ace (3)    |                        | - 1 1 (14)      |          |                        | m2          | (12 43)  |                | 2                                       |        |        |             |           |
| Row E  |            |                        |                 |          |                        | 5 5         | shoo! (K-12)<br>sbohapter 8 (<br>Ther (E.e., priva | Other th       | an K-12)<br>mmercial bu                 | idng   | , hơi  | nes,        | 1         |
| and the same of th |            |                        |                 |          |                        | i et        | c)   | # of Flo       |   | Bidg.  | Age    |             | 7         |
| 79 SEELEY AUE  |            |                        |                 |          |                        | Square      | 0 C  | # QL FIG       |   | 5      | ٤.     |             |           |
| KEARHY   |            |                        |                 |          |                        | Canter      | t Use (Prior                                       | if being t     | iemolished)                             |        |        |             |           |
| County (8)   |            | Cou                    | aty Coo         | E (7)    |                        |             | RED  |                |   |        |        |             | $\dashv$  |
| U D C A D  | mer (8)    | IA                     | SCM N           | a,       | Nan                    | e of Abai   | ement Contro                                       | 한다 (약)<br>[마C. |   |        |        |             |           |
| Name of Monitoring Firm Hired by Building Ow   | ,,,,       |                        |                 |          |                        | et Addres   |  |                |   |        |        |             | -         |
| Street Address   |            |                        |                 |          | 10                     | 5 Lowe      | II Road  |                |   |        |        |             | $\dashv$  |
|  |            |                        |                 |          | City                   | State, Z    | ip Code<br>k, N.J. 074                             | 52             |   |        |        |             | 1         |
| City, State, Zip Code  |            |                        |                 |          | 1                      | ephone N    |  | 11             | icanse No.                              |        |        |             |           |
| Project Manager for Monitoring Firm  |            | Tel                    | lephone         | No.      | 20                     | 1-262-      | 5841   |                | 00156                                   |        |        |             | _         |
|  | Scheduler  | Comple                 | etion D         | ate (11) | Na                     | me of OS    | HA Monitor<br>nvironme                             | ntol Sa        | naces lac                               | 1      |        |             |           |
| Start Date (10)<br>  0   13   12   | 101        | 15                     | 12              |          |                        | mega E      |  | TION CO        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |        |        |             |           |
| Occupancy Status During Abatement (Check   | Only One   | ≣)                     |                 | 75       | 2                      | 80 Huyl     | er Street  |                |   |        |        |             |           |
| Facility Closed/Vacated During Entire P  | eriod of A | batemer                | nt              |          | Cit                    | y. State,   | Zip Code   | 7606           |   |        |        |             |           |
| Other - Describe:  |            |                        |                 |          |                        | lackens     | ack, NJ 07   | 1000           |   |        |        |             | —         |
| Scope of Work (Chack All That Apply)   |            |                        |                 |          |                        | F7 -        | uli Containm                                       | ent válti      | Negative Pr                             | essur  | 3      |             |           |
| ≥3 sf or ≥3 if<br>≥160 sf or ≥260 ff   | R          | encvatio<br>emplifio   | ก<br>ก          |          |                        | N           | Eni-Endosum<br>Hovebag Pro                         | 8              | •                                       |        |        |             |           |
| 2160 54 04 2200 11   |            |                        |                 |          |                        | H           | kon-Exemple  | d (°) and      | Non-Friable                             | Proc   | edun   | <u> </u>    |           |
|  | la la      | Location               | n               |          |                        |             |  |                |   |        |        | be<br>suqui |           |
| Location of  |            | vermaily<br>of Solety  |                 | Anbo     | Descri<br>stos Centain | ption of    | i=1 (ACM)  | Ar             | noullt                                  |        |        | TD.         |           |
| Asbestos-Containing Material (ACM) TO BE ABATED  | Ma         | interiand<br>todial St | ce/             | (i.e)    | thermal sys            | tems ins    | ulation.   | (S             | pecify<br>or LF)                        | Remova | Rapair | dep         | Enclosure |
| in Facility<br>(13)  |            | (12)                   | ~,              |          | ather misc             | g, vz.r.o   | 9)   | _              |   | Byo    |        | Encapsulate | Sura      |
|  | Yes        | No                     | NA              |          |                        |             | ,  |                |   |        |        | 100         | _         |
| BASEMENT   |            |                        | ×               |          | PI                     | PF          |  |                | 70 LF                                   | X      |        | ļ           | ļ         |
|  |            |                        |                 |          |                        |             |  |                |   |        |        | _           | -         |
|  |            |                        |                 |          | *                      |             |  |                |   |        |        | <u> </u>    | -         |
| Name of the latest of the late |            |                        | DEP W           | lasta    | I Cubic Ya             | rds.        | Name M   | Rentste        | red Landfill                            |        |        | <u></u>     |           |
| Name of Registered Waste Hauler Rovic Transport  |            | Ha                     | uler 10<br>1785 |          | of Waste               |             | 1  | 1922           | itehem La                               |        | Cor    | ro.         |           |
| City, State  |            |                        | 11 00           |          | Disposal               | D≱ts        | City, Sta  |                |   |        |        |             |           |
| Riverdale, New Jersey 07457  |            |                        |                 |          | 10/13                  | 1/1201      | Bethle   | them, F        | PA 18015                                |        |        |             |           |
| Completed by R. McDonald   | Title      | sident                 |                 | d        | Sign                   | Takuse A    | 5 V11  | ′              | Da                                      | le /   | 1,     | 2           |           |
| N. WICOVITAIN  | 1 1100     | MGGIN                  |                 |          |                        | 12 14       | Jako   |                |   | 1:     | 1.     |             |           |

Fax:

| )  | A 12 12 0 / A PROVED A. MAC Contrac | ting, Inc. |
|--|-------------------------------------|------------|
|  | NG Dept of Health & Senior Services |            |
| 2011 CHR C 100 C 1 | Date: DALA Time: 1 SAM              | NC         |

State of New Jersey
NOTIFICATION OF ASHESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

| RE       | CESPER # 2 | 1999 |
|----------|------------|------|
| 2812 OCT | 13 - AED   |      |

|   |   | (, ~   |  | , 1411 / O O        | 21.21 Uille 100   | <del>-</del> ,              |                                | 00/17 AM                                | -            |        |             |          |
|---|---|--|--|---------------------|---|-----------------------------|--------------------------------|---|--------------|--------|-------------|----------|
| Date of Notification (1)  |   | 1  | lame of I<br>YUL M   | Building O          | uner/Operato  | г (2)<br>Дүүү               | JAA DAE                        | PHANT AM                                | 3: 6         | 8      |             |          |
| Agencies Notified Type Notification  EPA Initial  |   | 9  | treet Ad-  | dress<br>()/20/     | qoway   |                             | Œ                              | OCT 17 AM<br>BUGS CONT<br>LICENSING     | RO           | L      |             |          |
| DEP Amended Amended Amended   |   | _ ~  | BAYO   | e, Zip Cod<br>UNIE  | NT O  | ) 00                        |                                |   |              |        |             |          |
| □ DOH     □ DCA     □ Cancellation  | cluding                                 |  | MAN  | Contact<br>Ciffer   | ,   |                             |                                | Telgohone Nuxt                          | her          |        |             | -        |
| Name of Facility Where Abstement is Taking  | Disco (7)                               |  | FACIL  | ITY INFO            | RMATION   | Time                        | e of Facility (4               | 7                                       |              | -      |             |          |
| CHINEST RESTAURANT  | r sauce (o)                             |  | · <del>· · · · · · · · · · · · · · · · · · </del>  | ··········          |   |                             | School (K-12                   | e:                                      | 3            |        |             |          |
| 413 BROADWAY  |   |  |  |                     |   | 図                           | Other (i.e. pretc.)            | fvate & commercia                       | il build     |        |             | ß,       |
| BAKINA?   |   |  |  |                     |   |                             | are Feet<br>+000               | # of Floors                             | B            | stg. A | je          |          |
| County (5)<br>Hud SOU   |   |  | County C   | ode (7)<br>SE ONLY) |   | Curt                        | PEJTA                          | r If being demolish                     | 85)<br>48/2. | nki    | -,-         | 2        |
| Name of Monitoring Firm Hired by Building O   | wner (8)                                |  | ASCM   | No.                 |   |                             | etement Con<br>Contracting     | (racior (9)                             |              |        |             |          |
| Street Address  |   |  |  |                     | 770000  | Addin                       | ess<br>reil Road               |   |              |        |             | 2000     |
| City, State. Zip Code   | ~~~                                     |  |  |                     |   |                             | Zip Code<br>ck, N.J. 07        | 452                                     |              |        |             |          |
| Project Manager for Monitoring Firm   | *************************************** |  | Telephor   | e No.               |   | phone<br>1-262              | No.<br>-5841                   | Ucense N<br>00156                       | 0.           |        |             |          |
| Start Date (10)   | Schedule<br>/ 0                         | d.Con  | pletion [  | Date (11)           |   |                             | SHA Monitor<br>Environme       | ntal Services In                        |              | •      | 1           |          |
| Occupancy Status During Abatement (Check  |   |  |  |                     | THE STREET  | t Addr                      | ess<br>ler Street              | *************************************** |              |        |             |          |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: |   |  |  |                     | City.   | State,                      | Zip Code<br>sack, NJ 07        | 7606                                    |              |        |             |          |
| Scope of Work (Check All That Apply)  |   |  |  | ******              |   |                             |                                |   |              |        |             | -        |
| 23 sf or 23 (f<br>2180 sf or 2260 if  | -                                       | enova<br>emolit                                | 7 TO THE RESERVE OF T |                     |   |                             | Mini-Endosure<br>Blovebag Prod |   |              |        | e           |          |
|   |   | Locati   |  |                     |   |                             |                                |   | Ī            | Abab   | ement<br>pe | ŧ        |
| Location of Asbestos-Condaining Material (ACM)  10 85 ASATED In Facility (13)                 | Use                                     | domel<br>d Sole<br>intensi<br>(odial 8<br>(12) | ly by<br>noe/  | Asbest<br>(i.e.     | Description Containing the mail system surfacing, \ other miscell | Mater<br>ms insi<br>/AT, or | ulation,                       | Amount<br>(Specify<br>SF or UF)         | Removal      | Repair | Encapsulate | Endosure |
| BASTEMANT   |   | X  |  | PIFE                | 16.   |                             | 50.4                           | x                                       | 1            | -      |             |          |
|   |   |  |  |                     |   |                             |                                |   |              |        | Г           |          |
|   |   |  |  |                     |   |                             |                                |   |              |        |             | I        |
|   |   | L,,  | JDEP W   |                     | Cubic Yards   |                             | l Blanco of                    | Desister di ende                        | _            |        |             |          |
| Name of Registered Waste Hauter<br>Rovic Transport  |   |  |  |                     |   |                             | 4                              | Registered Landfil<br>A Bethlehern L    |              | ll Co  | Þ.          |          |
| City, State<br>Riverdale, New Jersey 07457  |   |  |  |                     |   | ite<br>احراق ا              | City, Stat<br>Bethle           | e<br>nem, PA 18015                      | ī            |        |             |          |
| Completed by  |   |  |  |                     |   |                             | That                           | Di                                      | id           | 12/    | 12          |          |

### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

|   |  |                          | (1 0.000                |  | una 12.11                                 | 20)   | RED.                             |                            |   |   |          |
|---|--|--------------------------|-------------------------|--|---|---|----------------------------------|----------------------------|---|---|----------|
| Date of Notification (1) October 12, 2  | 012  |                          |                         | Name of Building   | Owner/Ope<br>Borou                        | erator (2)<br>igh of Island He <b>d</b>               | RECE<br>MOCTAT                   | 16                         | DE  | 57  |          |
| [ ] DEP [ ] An An   | tial Notin<br>nended N<br>nendmen                                      | lotification             |                         | Street Address  City, State, Zip C   | Jue                                       | erator (2) Igh of Island Help ox 797 Heights, NJ 0873 | LIOS COL                         | M 3:                       | <u>03</u>                                 |   |          |
| [ ] DCA jus   | tification<br>ncellatio  | 1)                       |                         | Name of Contact<br>Jeffre  | y Silver                                  | T   | Telephone Number                 | , ,                        |   |   |          |
|   |  |                          | FAC                     | CILITY INFORM  | ATION                                     |   |                                  |                            |   |   |          |
| Name of Facility Where Abatement is Tak<br>Firehouse                          | ing Place  | : (3)                    |                         |  |   | Type of Facility (4)                                  | School (k-12)<br>Subchapter 8 (o | ther tha                   | an k12)                                   |   |          |
| Corner of Vansa   | nt & Si  | mpson Av                 | enues                   |  |   | į į   | Other (i.e., priva               | ate & c                    | ommer                                     | cial bu                                   | ildings, |
| City  | Cou  | nty (6)                  |                         | County Code (7)<br>(STATE USE ONI  | Y)  | Square feet<br>5000 sf                                | # of Floors                      |                            | g. Age                                    | 60  |          |
| Island Heights  | Oce  |                          |                         |  |   | Current Use (Prior i<br>Fireho                        | ise                              | d)                         |   |   |          |
| Name of Monitoring Firm Hired by Buildin<br>Guardian Contra                   |  |                          |                         | ASCM No.   | Name of                                   | Abatement Contractor                                  | (9)<br>an Contracting            | Inc                        |   |   |          |
| Street Address<br>1889 Rte. 9, Uni  | N  |                          |                         |  | Street Ac                                 | ldress  | oute 9, Unit 61                  |                            |   |   |          |
| City, State, Zip Code Toms River, NJ  |  |                          |                         |  | City, Sta                                 | te, Zip Code  | River, New Jers                  |                            | 755_1                                     | 271                                       |          |
| Project Manager for Monitoring Firm   | 30133  | Telephone                |                         |  |   | ne Number   | License 1                        |                            |   | 2/1                                       |          |
| Nicholas Fernicola<br>Scheduled Start Date (10)                               | -  | 732-349<br>Scheduled     |                         | tion Date (11)   | 732-34<br>Name of                         | 9-9932<br>OSHA Monitor                                | 00624                            |                            |   |   |          |
| 10/12/12  |  | 10/15/                   | 707700 Ed               | , ,  |   |   | L. Analytical                    |                            |   |   |          |
| Occupancy Status During Abatement (Chec [ x ] Facility Closed/Vaca            |  | The second second second | riod of Al              | patement   | Street Ac                                 |   | telton Road                      |                            |   |   |          |
| [ ] Abatement Performe  |  |                          |                         |  | City, Star                                | te, Zip Code  | 7.                               |                            |   |   |          |
| Other – Describe  |  |                          | - F V                   |  |   | Piscata   | way, New Jerse                   | ey 088                     | 354                                       |   |          |
| Scope of Work (Check all that apply)  |  |                          |                         |  | [ ]                                       |   | with Negative Pre                | essure                     |   |   |          |
| [ x ] >3 sf or ≥3 lf  |  | [ ]                      | Renova                  | ation  | [x]<br>[x]                                | Mini-Enclosure<br>Glovebag Proced                     | ure                              |                            |   |   |          |
| [ ] ≥160 sf or ≥260 lf  |  | [x]                      | Demoli                  | ition  | [ ]                                       |   | ) and Non-Friable                | Proced                     | ure                                       |   |          |
|   |  |                          |                         |  |   |   |                                  | Abat                       | ement                                     | Туре                                      |          |
| Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13) | Is Locatic<br>Normally u<br>Solely by<br>Intenance/Co<br>Staff<br>(12) | sed<br>y                 | Asi<br>N<br>(i.e<br>ins | Description<br>bestos-Con<br>Material (A<br>, thermal s<br>ilation, sur<br>VAT, o<br>er miscella | taining<br>CM)<br>systems<br>facing,<br>r | Amount<br>(Specify SF<br>or LF)                       | R<br>E<br>M<br>O<br>V<br>A<br>L  | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |          |
| First floor   |  | X                        | Boiler jacket i         | nsulation  | 100                                       | 80 sf   | X                                |                            |   |   |          |
| First floor   |  |                          | Х                       | Linoleum shel  |   |   | 20 sf                            | Х                          |   |   |          |
| First floor   |  |                          | X                       | Asbestos pipe  | insulatior                                | 1   | 20 lf                            | Х                          |   |   |          |
| N   |  |                          |                         |  |   | T   |                                  |                            |   |   |          |
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc.                 |  | NJDEP Wasi<br>2          | te Hauler<br>0223       | ID No.   Cubic Ya  | rds of Wast                               | e Name of Registe<br>T.R.R.F.                         | red Landfill                     |                            |   |   |          |
| City, State Toms River, New Jersey  |  |                          |                         | al Date  | City, Sta                                 |   | N 10-                            | 20111002                   |   |   |          |
| Completed by (Print or Type) Nicholas Fernicola                               | Title<br>Proje   | ect Manage               | -                       | Signature  | hot                                       | 1   | 1                                | Date 10/1                  | 2/20                                      | 12  |          |

\*Do not use this form for asbestos licensure exempted activities.



# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

| Date of Notification (1)   |                              |             | -      | Name            | of Build   | ling Owne             | r/Operato                | r (2)                          | 2012            | STOS<br>LICEN         |          | 6 i.      |             |           |
|--|------------------------------|-------------|--------|-----------------|------------|-----------------------|--------------------------|--------------------------------|-----------------|-----------------------|----------|-----------|-------------|-----------|
| 06/29/12   |                              |             |        | Shar            | rp Man     | agemen                | t, LLC                   | \_ <u>/</u>                    |                 | 001 1                 | 7 A      | M o       |             |           |
| Agencies Notified  | Type Notification            | n           |        |                 | Addres     | 70                    |                          |                                | 438             | ESTn-                 | - 40     | -         | 58          | -         |
| EPA<br>DEP   | Initial Amended              |             |        |                 |            | rth Road              |                          | - 1                            | 4               | Lics                  | CO       | VID       | _           | (         |
| × DOL  | Amended<br>Amendmer          | nt # 02     |        |                 | State, Zip | O Code<br>07012       |                          |                                |                 | -10E                  | SIA      | C K       | O[          |           |
| ⊠ DOH  | Emergency                    | (includi    | ng     |                 | of Conta   |                       |                          |                                |                 |                       | 5.5      | <b>U</b>  |             |           |
| DCA DCA  | justification<br>Cancellatio |             |        |                 |            | I DeBlas              | io                       |                                | Te              | elephone N            | lumbe    | r         | 1 325 53    |           |
| N  |                              |             |        |                 |            | NFORMA                |                          |                                |                 |                       |          |           |             |           |
| Name of Facility Where A<br>Felician College - M                 | batement is Taki             | ng Place    | (3)    |                 |            |                       |                          | Type of Facilit                | y (4)           |                       |          |           |             |           |
| Street Address   | mion court ne                | Sideric     | е па   |                 |            |                       |                          | School (H                      |                 |                       |          |           |             |           |
| 21 Milton Court  |                              |             |        |                 |            |                       |                          | Subchap                        | ter 8 (Ot       | her than K<br>& comme | -12)     | ddine     |             | 2010      |
| City (5)   |                              |             |        |                 |            |                       |                          | etc.)                          |                 |                       | iciai bi |           |             | mes,      |
| Rutherford   |                              |             |        |                 |            |                       |                          | Square Feet<br>80,000 +        | 4               | of Floors             |          | Bldg      | Age         |           |
| County (6)   |                              |             |        | County          | Code (     | 7)                    |                          | Current Use (F                 | 1               | ing domai             | in bad   | 50+       |             |           |
| Bergen   |                              |             |        |                 | USE ON     |                       |                          | School                         | שם זו זטוו      | ang demoi             | isnea)   |           |             |           |
| Name of Monitoring Firm  | Hired by Building            | Owner (     | 8)     |                 | M No.      |                       | Name                     | of Abatement C                 | ontracto        | r (9)                 |          | -         | -           |           |
| Accredited Environm  | nental Techno                | logies,     | Inc.   | 000             | 21         |                       | Pyrar                    | mid Contract                   | ing Co          | rp.                   |          |           |             |           |
| Street Address 907 Doolittle Drive                               |                              |             |        |                 |            | Rt.                   |                          | Address                        |                 |                       |          |           |             |           |
| City, State, Zip Code  |                              |             |        |                 |            |                       |                          | Sargeant Ave                   | enue            |                       |          |           |             |           |
| Bridgewater, NJ 088  | 07                           |             |        |                 |            |                       | City, St                 | ate, Zip Code<br>n, NJ 07013   |                 |                       |          |           |             |           |
| Project Manager for Monit  | oring Firm                   |             |        | Telepho         | ne No      |                       | Telepho                  |                                |                 |                       |          |           |             |           |
| Mr. Eric Houseknech  | nt .                         |             |        |                 | 18-110     | 8                     |                          | 89-6281                        |                 | License<br>01099      | No.      |           |             |           |
| Start Date (10)  |                              |             |        | ompletion       | Date (1    | 1)                    |                          | of OSHA Monito                 | r               | 0.000                 |          |           |             |           |
| 07/16/12   |                              | 02/28       |        |                 |            |                       |                          | nvironmenta                    |                 | ratories              | LLC      |           |             |           |
| Occupancy Status During  |                              |             |        |                 |            |                       | Street A                 |                                | *               |                       |          |           | -           |           |
| Facility Closed/Vacate Abatement Performed Other – Describe: Oct | ed During Entire I           | Period of   | Abate  | ement           |            |                       |                          | Route 22 We                    | est             |                       |          |           |             |           |
| Other - Describe: Od   | cupied Building              | iai raciiii | Ly HOL | irs             |            |                       | 102                      | ate, Zip Code                  |                 | 15%                   |          |           |             |           |
| Scope of Work (Check All   | That Apply)                  |             |        |                 |            |                       | Onion                    | , NJ 07081                     |                 |                       |          |           |             |           |
| 23 sf or ≥3 lf   |                              | ×           | Renov  | ation           |            |                       | x                        |                                |                 |                       |          |           |             |           |
| ≥160 sf or ≥260 lf   |                              | Tanaman.    | Demo   |                 |            |                       |                          | Full Containm<br>Mini-Enclosur | nent with<br>re | Negative              | Pressu   | ıre       |             |           |
|  |                              |             |        |                 |            |                       |                          | Glovebag Pro                   | cedure          |                       |          |           |             |           |
|  |                              | 1           | s Loca | ition           |            |                       |                          | Non-Exempte                    | d (*) and       | Non-Fria              | ble Pro  | 12020 - 3 |             |           |
| Location o   |                              |             | Norma  | ally            |            | Doc                   | orintian .               |                                |                 |                       |          |           | emen<br>/pe | τ         |
| Asbestos-Containing M  |                              |             |        | ely by<br>ance/ | Asbe       | stos Cont             | scription o<br>aining Ma | terial (ACM)                   | Ar              | nount                 |          |           |             |           |
| TO BE ABAT<br>In Facility  |                              |             | todial | Staff?          | (i.e       | e. thermal            | systems i<br>ing, VAT,   |                                | (S              | pecify                | Re       | Z,        | nce         | Enc       |
| (13)   |                              |             | (12)   |                 |            | other m               | iscellane                | ous)                           | or.             | or LF)                | Remova   | Repair    | Encapsulate | Enclosure |
|  |                              | Yes         | No     | N/A             |            |                       |                          |                                |                 |                       | <u>n</u> | 7         | late        | Te        |
| Bathrooms-Throught   | Out Building                 |             | Х      |                 | Ce         | mentitio              | us Firer                 | proofing                       | 35.7            | 00 SF                 | x        |           |             |           |
| Floors and In Pipe   | Chases                       |             |        |                 |            |                       |                          | , coming                       |                 | 00 31                 | A        |           |             |           |
|  |                              |             |        | +               |            |                       |                          |                                |                 |                       | -        |           |             |           |
|  |                              |             |        | +               |            |                       |                          |                                | -02-02-017-0-0  |                       |          |           |             |           |
| Name of Registered Waste   | Hauler                       |             |        | NJDEP Wa        | nata.      | T 0.11                | ,                        |                                |                 |                       |          |           | . 100       |           |
| Pyramid Contracting C  |                              |             |        | lauler ID N     |            | Cubic Y               | [1882] 1973 W.T.         | Name of I                      |                 |                       |          |           |             |           |
|  | огр.<br>                     |             | 3      | 2613            | 7,000,000  | 50                    |                          | G.R.O.\                        | N.S., Ir        | nc.                   |          |           |             |           |
| City, State<br>Clifton, New Jersey                               |                              |             |        |                 |            | Disposa               | al Date                  | City, State                    |                 |                       |          |           |             | $\dashv$  |
| Completed by   |                              | Title       |        |                 |            | <u></u>               | $\mathcal{M}$            | Morrisvi                       | Me, Pei         | nnsylvar              | iia      |           |             |           |
| imo Golcev   |                              |             | ral M  | langer          |            | Siç                   | nature                   | 11.                            | W               | Dai                   |          | 2         |             |           |
|  |                              | 2.30        |        |                 | -          | $ \downarrow$ $\iota$ | K.                       | 7 4                            | /               | 10                    | /12/1    | 2         | Ξ,          |           |
| SB-41 (R-06-08)  |                              |             |        |                 | 230        | 0                     | Do not u                 | se this form for               | ashorte:        | liconous              | 0115     | nte d     | -A! "-      |           |
|  |                              |             |        |                 |            |                       | u                        |                                | uones(0)        | iloensure             | exem     | pied a    | ctiviti     | es.       |
|  |                              |             |        |                 |            |                       |                          | •                              |                 |                       |          |           |             |           |

CHECK! TTAT TO BANK.

#### STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

| Date of Notification (1)   |   |             |                          |             | Name o       | f Building Owner/Op   | erator (2    | 1 MEC                                   | F        |         |             |           |
|--|---|-------------|--------------------------|-------------|--------------|-----------------------|--------------|---|----------|---------|-------------|-----------|
| 10/12/2012   |   |             |                          |             | Bru          | ce Russo              |              | PESTOS                                  | CIY      | ED      |             |           |
| Agencies Notified  | Type of N   | lotifica    | tion                     |             | Street A     |                       |              | & LICEN                                 | AL       |         |             |           |
| ( ) EBA  | / V \ In:   | (A) _ 1 A   | latification             |             | 833          | Hudson St             | 4            | AFO.                                    | 419      | 2:1.    |             |           |
| ( ) EPA  |   |             | lotification             |             | City, St     | ate, Zip Code         |              | 100/10c                                 |          | 40      |             |           |
| (X) NJDEP  |   | nende       |                          |             |              |                       |              | & LICE                                  | COALT    | ^       |             |           |
| (X) NJ DOL   | 1 5% 8% ESSE  |             | ment #                   |             | Hob          | oken, NJ, 07030       |              | CEN                                     | INO      | 101     |             |           |
| (X)DOH   | ( ) Em  | erger       | ncy (includi             | ng          |              | f Contact             |              |   | Tel Nu   | mher    |             |           |
| ( ) DCA  | jus   | stificat    | tion)                    |             |              | ce Russo              |              | •                                       | 101, 140 | TIDE!   |             |           |
|  | ( ) Cai   | ncella      | ation                    |             | Diu          | CE MUSSO              |              | 1*                                      |          |         |             |           |
|  |   |             |                          | ACILIT      | Y INFORM     | IATION                |              |   |          |         |             |           |
| Name of Facility Where Abateme   | ent is Taking P   | Place (3    |                          |             |              | Facility (4)          |              |   |          |         |             |           |
| Residential Property   |   | <del></del> |                          |             |              | nool (K-12)           |              |   |          |         |             |           |
|  |   |             |                          |             | ( ) Sul      | ochapter 8 (other t   | han K-1      | 2)                                      |          |         |             |           |
| Street Address   |   |             |                          |             | (X) Oth      | ner (i.e. private & c | ommer        | cial bldgs., ho                         | mes, e   | tc.     |             |           |
| 833 Hudson St  |   |             |                          |             |              |                       |              | •                                       |          |         |             |           |
| 055 Hudson St  |   |             |                          |             | Sq. Fee      | t: 12000              | # of Floo    | rs 3                                    | Bldd     | . Age ( | 30          |           |
| 67.75  | 0(0)  |             |                          | (7)         | ┨ .          |                       |              |   |          |         |             |           |
| City (5)   | County (6)  |             | County Cod<br>(State Use |             | Current      | Use (prior if being   | demol        | ished):                                 |          |         |             |           |
| Hoboken  | ITudaan   |             | (State Use )             | Offig       |              |                       |              |   |          |         |             |           |
| Hoookeii   | Hudson  |             |                          |             |              |                       |              |   |          |         |             |           |
| Name of Monitoring Firm Hired b  | y Bldg. Owner   | r (8)       | ASCM No.                 |             | Name of      | Contractor (9)        |              |   |          |         |             |           |
| N/A  |   |             | N/A                      |             | ISES,        | -2.0.2                |              |   |          |         |             |           |
| Street Address   | **  |             | L                        |             | Street A     |                       |              |   |          |         |             |           |
| N/A  |   |             |                          |             |              |                       | 20           |   |          |         |             |           |
|  |   |             |                          |             |              | Hudson Avenue         | <del>}</del> |   |          |         |             |           |
| City, State, Zip Code  |   |             |                          |             |              | te, ZipCode           |              |   |          |         |             |           |
| N/A  |   |             |                          |             | Union        | City, NJ              |              |   |          |         |             |           |
| Project Manager for Monitoring F   | im Telepho  | one Nu      | ımber                    |             | Telepho      | ne Number             |              | *************************************** | L        | cense N | lumber      |           |
| N/A  |   |             |                          |             | $(201)^3$    | 325-0055              |              |   |          | 1124    |             |           |
| Scheduled Start Date (10)  | Schedu  | iled Co     | mpletion Date            | e (11)      |              | OSHA Monitor          |              |   |          | 1 14-1  |             |           |
| 10/27/2012   | 10/29   |             |                          | <u> </u>    | ISES, I      |                       |              |   |          |         |             |           |
| Occupancy Status During Abater   |   |             |                          | <del></del> | Street A     |                       |              |   |          |         |             |           |
| ( ) Facility Closed/Vacated Du   |   |             |                          |             |              |                       |              |   |          |         |             |           |
| ( ) Abatement Performed Outs   | side of Normal  | Facilit     | v Hours -                |             | 3300 1       | Hudson Avenue         |              |   |          |         |             |           |
| ( X ) Other - Describe: Unoccu   |   |             |                          |             | City, Sta    | te, Zip Code          |              |   |          |         |             |           |
| 100  |   |             |                          |             |              | City, NJ 07087        | 7            |   |          |         |             |           |
| Source of Work (Check all that a   | nnlu)   | 7           | ) Demolition             |             |              | ( ) Renovation        |              |   |          |         |             |           |
| Source of Work (Check all that a   | DDIY/   | (           | ) Demondon               |             | ( /          | ( ) Renovation        |              |   |          |         |             |           |
| ( ) Minor Project (< 25 SI   | or < 10 LF  | ACM)        |                          |             | 12           | ) Full Containmer     | t with A     | lonativo Proce                          | SUITO    |         |             |           |
| (X ) Small Project (>25 <16  |   |             |                          |             |              | ) Mini-Enclosure      | ic with the  | regative i read                         | ouic     |         |             |           |
| ( ) Large Project (>160 SF   | or > 260 I F  | ACM)        | Li / (Oill)              |             |              | ) Glovebag Proce      | dure         |   |          |         |             |           |
| ( ,go, (   |   | ,           |                          |             |              | ) Non-Exempted        |              | Non-Friable F                           | rocedi   | ire     |             |           |
| Location of Asbestos-  | Is Location   | Norm        | ally Used                | I           | Des          | cription of ACM       | ( / 41.4     | Amount                                  |          | bateme  | nt Type     |           |
| Containing Material (ACM)  | Solely by I   |             |                          | (i.e.       |              | stems insulation, sur | facing,      | (Specify SF                             |          |         | , , , ,     |           |
| To be Abated in Facility (13)  | Custodi   | ial Staf    | ff? (12)                 |             | VAT, or o    | ther miscellaneous.)  |              | or LF)                                  |          |         | m           | _         |
|  |   |             |                          |             |              |                       |              |   | Remova   | 70      | Encapsulate | Enclosure |
|  |   |             |                          | 1           |              |                       |              |   | 3        | Repair  | sde         | l g       |
|  | YES   | NO          | N/A                      |             |              |                       |              |   | Va       | #       | ulat        | l š       |
|  | 120   | 140         | INA                      |             |              |                       |              |   |          |         | Ф           |           |
| Basement   |   |             | X                        | TSIP        | ipe Insulati | on                    |              | 190 LFT                                 | X        |         |             |           |
|  |   |             |                          |             |              |                       |              |   |          |         |             |           |
|  |   |             |                          |             |              |                       |              |   |          |         |             |           |
|  |   |             | -                        |             |              |                       |              |   |          |         |             |           |
|  |   |             | 1                        |             |              |                       |              |   |          |         |             |           |
|  |   |             |                          | -           |              |                       | -            |   | -        |         |             |           |
| <u> </u>   |   |             | 1                        |             |              |                       |              |   |          |         |             |           |
| Name of Reg. Waste Hauler  |   |             |                          |             |              | Cubic Yards of Wa     | aste         | Name of Reg.                            | Landfil  |         |             |           |
| Vision Transport   |   |             |                          |             |              | 2                     |              | Cumberla                                |          |         | andf        | i11       |
| City, State  |   |             |                          |             | Date         | L                     |              | City, State                             | 00       | unit 1  |             |           |
| The state of the s | NAME OF THE PARTY |             |                          |             | 9/2012       |                       | 1            |   | DA 1     | 7242    |             |           |
|  |   |             |                          |             |              | -X                    |              | Newburg,                                | rAI      | 1242    |             |           |
| Completed by (Print or Type)   | mpleted by (Print or Type) Title Sign.  |             |                          |             |              | 1                     | 3.           | Date                                    |          |         | 5           |           |
| Ionga Dalanda  | Decises   | C           | wrico.                   |             | - A          | 001                   |              | 10/12/201                               | 2        |         |             |           |
| Jorge Delgado  | Project   | Supe        | IVISOF                   | L           | 1.           | P                     |              | 10/12/201                               | 4        |         |             |           |

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Cleck# 2772

| Name of Registered Waste Hauler Vaste Management, Inc. 001 Fairview St. Camden, NJ Dity, State EAST HANOVER, NJ Disposal Date 2/1/2013 Disposal City. State MORRISVILLE, PA 19067 Disposal Date 2/1/2013 Date Date Disposal Date 2/1/2013 Date Date Date Date Date Date Date Date  | D                      |   | The second secon |                 |                   |  |               |             |           |              |   |            |
|--|------------------------|---|--|-----------------|-------------------|--|---------------|-------------|-----------|--------------|---|------------|
| Agencies Notified    Part   Pa |                        | 72 · · · · · · · · · · · · · · · · · · ·  |  |                 |                   |  |               |             | F         | PEN          | Pan ,                                       |            |
| Agencies Notified    Part   Pa | <u> </u>               | -/  | 3:   |                 | -                 | A Company of the Comp | AING COM      | PAINT LLC   |           | · Gaza Lange | -11/  | " [ ]      |
| DOL  |                        | d Type of   | Notification   |                 | 800 BILL          | INGSPORT   | ROAD          |             | 2012      | 10-          |   | * 1.d      |
| DOL  |                        | - Consuming the |  |                 |                   |  | е             |             | 200       | 7            | AM ze                                       | ` .        |
| DOL  |                        |   |  | #               |                   |  |               |             | ATTION .  | an a Missa   | 717 12                                      | : 45       |
| Cancellation   FACILITY INFORMATION  | ☑ DC                   | C2000   |  | C territoria    | 23475571077117622 |  |               |             |           |              | er<br>'Our                                  | 2000       |
| Name of Facility Where Abatement is Taking Place (3) PAULSBORO REFINING COMPANY  Street Address  Glowing (6) Glowing (6) Glowing (7) County (6) Glowing (7) County (7) County (8) County (8) County (8) County (9) County (9) County (10)  |                        |   |  |                 |                   |  |               |             | Oz /      | LICFN        | SUNT  | POL        |
| School (K-12)   Subchapter 8 (Other than K-12)   Street Address   Street   |                        |   |  | F               | ACILITY II        | NFORMATI   | ON            |             |           |              | ome   |            |
| School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Other (Le., private & commercial blidgs, homes, etc.) Subchapter 8 (Other than K-12) Other (Le., private & commercial blidgs, homes, etc.) Subchapter 8 (Other than K-12) Other (Le., private & commercial blidgs, homes, etc.) Subchapter 8 (Other than K-12) Other (Le., private & commercial blidgs, homes, etc.) Subchapter 8 (Other than K-12) Other (Le., private & commercial blidgs, homes, etc.) Subchapter 8 (Other than K-12) Other (Le., private & commercial blidgs, homes, etc.) Subchapter 8 (Other than K-12) Other (Le., private & commercial blidgs, homes, etc.) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Other (Le., private & commercial blidgs, homes, etc.) Subchapter 8 (Other than K-12) Other (Le., private & commercial blidgs, homes, etc.) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Other (Le., private & commercial blidgs, homes, etc.) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Other (Le., private & commercial blidgs, homes, etc.) Subchapter 8 (Other than K-12) Other (Le., private & commercial blidgs, homes, etc.) Subchapter 8 (Other than K-12) Other (Le., private & commercial blidgs, homes, etc.) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Other (Le., private & commercial blidgs, homes, etc.) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Other (Le., private & commercial blidgs, homes, etc.) Subchapter 9 (Other than K-12) Subchapter 9  |                        |   |  | Place (3)       |                   | Type of F  | acility (4)   |             |           |              |   |            |
| Street Address Sop BILLINGSPORT ROAD  City (5)   | PAULSBORO RE           | FINING COM  | PANY   |                 |                   |  | 0-11          | (40)        |           |              |   |            |
| Sob BilLiNGSPORT ROAD  City (5)   County (5  | Street Address         |   |  |                 |                   |  |               |             | rthan K.  | 12\          |   |            |
| County (6)   | 800 BILLINGSPC         | RT ROAD   |  |                 |                   |  |               |             |           |              |   |            |
| PAULSBORO   GLOUESTER  | City (E)               | I County (  | 6)   | 10              | 75                |  |               |             |           |              |   |            |
| PAUL SBORO   GLOUCESTER   SMRL   15,750   basement +2   Current Use (Prior if being demolished)   VACANT   VA   | City (5)               | County (  | 6)   | County Code     | (7)               |  |               |             |           | Buildir      |   |            |
| Current Use (Prior if being demolished) VACANT Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) ATC ASSOCIATES  Street Address 3 TERRI LANE  Street Address 3 TERRI LANE  Glidy, State, Zip Code BURLINGTON, NJ 09016  Project Mingr, For Monitoring Firm JOHN LUTZ  Sheduled Start Date (10) 10 10 29 11 39 372-772-3860 Cilinon, NJ 07011  Telephone Number Gly, State, Zip Code Cilinon, NJ 07011  Telephone Number Gly, State, Zip Code Cilinon, NJ 07011  Telephone Number  Gly, State, Zip Code Cilinon, NJ 07011  Telephone Number  Gly, State, Zip Code Cilinon, NJ 07011  Name of OSHA Monitor LI Environmental Services Inc.  Street Address  372-772-3860 00117  Name of OSHA Monitor LI Environmental Services Inc.  Street Address  Gly, State, Zip Code Cilinon, NJ 07011  Name of OSHA Monitor LI Environmental Services Inc.  Street Address  462 Getty Avenue Glty, State, Zip Code Cilinon, NJ 07011  Name of OSHA Monitor LI Environmental Services Inc.  Street Address  Asternation NJ 07011  Name of OSHA Monitor LI Environmental Services Inc.  Street Address  Asternation NJ 07011  Name of OSHA Monitor LI Environmental Services Inc.  Street Address  O0117  Name of OSHA Monitor LI Environmental Services Inc.  Street Address  O0117  Name of OSHA Monitor LI Environmental Services Inc.  Street Address  O0117  Name of OSHA Monitor LI Environmental Services Inc.  Street Address  Street Address  O0117  Name of OSHA Monitor LI Environmental Services Inc.  Street Address  O0117  Name of OSHA Monitor LI Environmental Services Inc.  Street Address  O0117  Name of OSHA Monitor LI Environmental Services Inc.  Street Address  Street Address  O0117  Name of Registered Landfill LI R U U R  Name of Registered Landfill SROW, SLANDFILL (Non-Friable) City, State LI R U U R  Name of Registered Landfill SROW, SLANDFILL (Non-Friable) City, State Disposal City, State AND AR  OFFICE R  OF | PAULSBORO              | GLOUCE  | STER   |                 |                   |  |               | 100         | Ř         | 1            | 7-2011-00-00-00-00-00-00-00-00-00-00-00-00- |            |
| Name of Monitoring Firm Hired by Bidg. Owner (8)  ATC ASSOCIATES  Street Address 3 TERRI LANE  Street Address 3 TERRI LANE  Street Address 3 TERRI LANE  GIV, State, Zip Code BURLINGTON, NJ 08016  Project Mingr, For Monitoring Firm JOHN LUTZ  Sheduled Start Date (10)  10  29  12  02  01  13  13  16lephone Number JOHN LUTZ  Sheduled Start Date (10)  Abatament Check Only 1) Abatement Performed Outside of Normal Facility Hours - Describe: Other |                        |   |  |                 |                   |  | lse (Prior if | being der   | nolished) | T .          | ,   |            |
| Street Address  462 Getty Avenue  City, State, Zip Code  Liden, NJ 07011  Sheduled Start Date (10)  29   | Name of Monitor        | ing Eirm Hiro   | d by Plda Own  | 201 (8)         | TACOM NO          |  | 41 / /        | 0 1 1       | 785       |              |   |            |
| LVI Environmental Services Inc.  | ATC ASSOCIATE          | ing riilli niie<br>S  | d by Blug. Owl   | ier (o)         |                   |  | Abatement     | Contracto   | r (9)     |              |   |            |
| Stephane    |                        |   |  |                 |                   |  | nmental Se    | rvices Inc. |           |              |   |            |
| State, Zip Code   SURLINGTON, NJ 08016   Telephone Number   Occupancy Status During Abatement   Occupancy Status During Abatement   Occupancy Status During Abatement   Occupancy Status During Entire Period of Cliffon, NJ 07011   Occupancy Status During Entire Period of Abatement   Occupancy Status During Entire Period of Cliffon, NJ 07011   Occupancy Status During Entire Period of Abatement   Occupancy Status During Entire Period of Cliffon, NJ 07011   Occupancy Status During Entire Period of Abatement   Occupancy Status During Entire Period of Cliffon, NJ 07011   Occupancy Status During Entire Period of Cliffon, NJ 07011   Occupancy Status During Entire Period of Cliffon, NJ 07011   Occupancy Status During Entire Period of Cliffon, NJ 07011   Occupancy Status During Entire Period of Cliffon, NJ 07011   Occupancy Status During Entire Period of Cliffon, NJ 07011   Occupancy Status During Entire Period of Cliffon, NJ 07   |                        |   | 110 7550   |                 |                   | Street Ad  | dress         |             |           |              |   |            |
| City, State, Zip Code  |                        | ode   |  |                 |                   | 462 Cetty  | Δνοημο        |             |           |              |   |            |
| Project Mngr. For Monitoring Firm   Telephone Number   908-888-7800   Clifton, NJ 07011  |                        |   |  |                 |                   |  |               | )           |           |              |   |            |
| Sheduled Start Date (10)   |                        | r Monitoring  | Firm   |                 | mber              | 1  |               |             |           |              |   |            |
| 10   |                        | -4- (40)  | 10-1-1-0   |                 |                   |  |               |             |           |              |   |            |
| Occupancy Status During Abatement (Check Only 1)    Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility   Hours - Describe:   |                        |   | 네 내 아이는 아이는 아이는 아이를 하는데 하는데 하다 때 때문에 다른데 없다.   | /               | /                 | Telephon   | e Number      |             | License   | Number       |   |            |
| Occupancy Status During Abatement (Check Only 1)    Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility   Hours - Describe:   |                        | -/  | /  |                 |                   | 973-77   | 72-3660       |             |           | (            | 00117                                       |            |
| Abatement Performed Outside of Normal Facility Hours - Describe:  Other - Described:  Other - Described  | Occupancy Statu        | s During Aba  | tement (Check  | Only 1)         |                   |  |               |             | -         |              |   |            |
| Abatement Performed Outside of Normal Facility Hours - Describe:  Other - Describe:  MON-FRI 7:00AM-3:30PM  Scope of Work (Check All That Apply)  Demolition 2   |                        |   | ated During En   | tire Period of  |                   | Manager and Association of the Control of the Contr |               | rvices Inc. |           |              |   |            |
| Hours - Describe:  |                        |   | ed Outside of N  | Normal Facility |                   | Street Add   | aress         |             |           |              |   |            |
| Scope of Work (Check All That Apply)  Demolition  ≥ 3sf or ≥3lf  ≥ 160 sf or ≥260 lf  Description of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)  Waling tenance/ Custodial Staff (12)  VES NO NIA  SEE ATTACHED  Amount  SEE ATTACHED  Description of Asbestos Containing Staff (12)  V A P ODE Custodial Staff (12)  NOTE The County Solid Waste Complex (Friable)  Disposal Date Disposal Disposal Disposal Date Date Disposal Date Date Disposal Date Date Date Date Date Date Date Date  | Hours                  | <ul><li>Describe:</li></ul>   |  |                 |                   |  |               |             |           |              |   |            |
| Demolition   ✓ Renovation   ✓ Full Containment with Negative Pressure   ✓   ≥3sf or ≥3lf   ✓   Mini - Enclosure   ✓   Glovebag Procedure   ✓   One-Exempted (*) and Non-Friable Procedure  | Other -                | Describe: _   |  |                 |                   | City, State  | , Zip Code    |             |           |              |   |            |
| Sast or ≥31f   Sast or ≥260   Sas    | Scope of Work (C       | heck All Tha  |  | IVI             |                   | Clitton, NJ  | 07011         |             |           |              |   |            |
| Sast or ≥31f   Sast or ≥260   Sas    | □ Dome!                | ition   |  | D               |                   | - " ·  |               |             |           |              |   |            |
| SEE ATTACHED    See ATTACHED   See Amanagement, Inc. 001 Fairview St. Camden, NJ   Sity, State Amanagement, Inc. 01 Fairview St. Camden, NJ   Sity, State Amanagement, Inc. 01 Fairview St. Camden, NJ   Completed by (Print or Type)   Am STABILITO   Signature   Completed by (Print or Type)   Am STABILITO   Signature   Signature   Date Amount   Sity of Non-Friable   Coustodial   Signature   Coustodial   Cous  | transf                 |   | [\forall ]   | Renovation      |                   | Mini - Fnc   | inment wit    | h Negative  | Pressur   | е            |   |            |
| Location of Asbestos Containing Material (ACM) Normally Used (I.e., thermal systems (Specify M E C C Solely in Facility (13) by Maintenance/ Custodial Staff (12)  |                        |   |  |                 |                   | Glovebag   | Procedure     |             |           |              |   |            |
| Asbestos Containing Material (ACM) Mormally Material (ACM) Mormally Used Used Used (I.e., thermal systems In Facility (I.e.) In Facility I |                        |   |  |                 | 7                 | Non-Exem   | pted (*) an   | d Non-Fria  | ble Proce | edure        |   |            |
| Asbestos Containing Material (ACM) Mormally Material (ACM) Mormally Used Used Used (I.e., thermal systems In Facility (I.e.) In Facility I | Locatio                | n of  | le   |                 | Descripti         | ion of   |               |             | Abatama   | nt Tunn      |   |            |
| Material (ACM) Normally Used (I.e., thermal systems (Specify M E C C C C C) In Facility Solely insulation, surfacing, VAT, (13) by Maintenance/ Custodial Staff (12)  YES NO N/A  SEE ATTACHED NJDEP Waste Hauler Waste Hauler Waste Management, Inc. 001 Fairview St. Camden, NJ DEP Waste AST HANOVER, NJ  STATE OF THE PROPERTY OF ICER  Material (ACM) (I.e., thermal systems (Specify M E C C C C C C C C C C C C C C C C C C   |                        |   |  | As              |                   |  |               |             |           | Т            | İΕ  | ĺΕ         |
| in Facility (13)  Solely by Maintenance/ Custodial Staff (12)  VESING N/A  SEE ATTACHED  Name of Registered Waste Hauler Vaste Management, Inc. 001 Fairview St. Camden, NJ  Sity, State AST HANOVER, NJ  In Facility (13)  Solely by Maintenance (13)  Nor other miscellaneous)  Nor other miscellaneous  Nor other miscellaneous)  Nor other miscellaneous  Nor o | ARCHER DESCRIPTION BLA | 0.040   |  |                 |                   |  |               |             | 100000    | 1,1200       |   | N          |
| by Maintenance/ Custodial Staff (12)  V A P O O O O O O O O O O O O O O O O O O  |                        |   |  |                 |                   |  | .             |             | 5563.5    | 1970273      | 100   | C          |
| tenance/ Custodial Staff (12)  YES NQ N/A  SEE ATTACHED  NAME of Registered Waste Hauler Vaste Management, Inc. 001 Fairview St. Camden, NJ  Sity, State EAST HANOVER, NJ  Completed by (Print or Type) Completed by (Print |                        | 10.00   |  |                 |                   |  |               | SF OF LF)   |           | 100          |   | L<br>L     |
| Staff (12)  VES NO N/A  SEE ATTACHED  NAME of Registered Waste Hauler  Waste Management, Inc.  001 Fairview St. Camden, NJ  Staff (12)  Name of Registered Landfill  G.RO.W.S LANDFILL (Non-Friable)  Goucester County Solid Waste Complex (Friable)  City, State  AST HANOVER, NJ  Sompleted by (Print or Type)  Completed by (Print or Type)  DAN STABILITO  Title  HEALTH & SAFETY OFFICER  HEALTH & SAFETY OFFICER  Disposal Date  MORRISVILLE, PA 19067  Signature  L R  R  ABT HANOVER  Signature  Date  10/15/12  |                        |   |  |                 |                   |  |               |             |           | 1.00         |   |            |
| YES NC N/A  SEE ATTACHED  NJDEP Waste Cubic Vards Management, Inc. O01 Fairview St. Camden, NJ  City, State EAST HANOVER, NJ  Completed by (Print or Type) OAN STABILITO  NJDEP Waste Cubic Vards of Waste County Solid Waste Complex (Friable)  City State  MORRISVILLE, PA 19067  Signature  FAST HANOVER MI  Date 2/1/2013  Date 2/1/2013  Date 3/1/2013  Date 4/1/2013  Date 3/1/2013  Date 4/1/2013   |                        |   |  |                 |                   |  | - 1           |             | L         | R            | U   | U          |
| Aame of Registered Waste Hauler Vaste Management, Inc. 001 Fairview St. Camden, NJ  City, State EAST HANOVER, NJ  Completed by (Print or Type) OAN STABILITO  NJDEP Waste Cubic Hauler ID No. 17273  Name of Registered Landfill G.RO.W.S LANDFILL (Non-Friable) Gloucester County Solid Waste Complex (Friable)  City. State MORRISVILLE, PA 19067  Signature  Date 2/1/2013  Date 2/1/2013  Date 2/1/2013  Date 2/1/2013  Date 2/1/2013  Date 2/1/2013   |                        |   |  |                 |                   |  |               |             |           |              | <u> </u>                                    | R          |
| Vaste Management, Inc. 001 Fairview St. Camden, NJ  Disposal Date 2/1/2013  Title  HEALTH & SAFETY OFFICER  Hauler ID No. 17273  G.RO.W.S LANDFILL (Non-Friable) Gloucester County Solid Waste Complex (Friable)  City. State MORRISVILLE, PA 19067  Signature  Date 10/15/12  | SEE ATTACHED           |   |  |                 |                   |  |               |             |           |              |   |            |
| Vaste Management, Inc. 001 Fairview St. Camden, NJ  Disposal Date 2/1/2013  Title  HEALTH & SAFETY OFFICER  Hauler ID No. 17273  G.RO.W.S LANDFILL (Non-Friable) Gloucester County Solid Waste Complex (Friable)  City. State MORRISVILLE, PA 19067  Signature  Date 10/15/12  |                        |   |  |                 |                   |  |               |             |           |              |   |            |
| Vaste Management, Inc. 001 Fairview St. Camden, NJ  Disposal Date 2/1/2013  Title  HEALTH & SAFETY OFFICER  Hauler ID No. 17273  G.RO.W.S LANDFILL (Non-Friable) Gloucester County Solid Waste Complex (Friable)  City. State MORRISVILLE, PA 19067  Signature  Date 10/15/12  |                        |   |  |                 |                   |  |               |             |           |              |   |            |
| Vaste Management, Inc. 001 Fairview St. Camden, NJ  Disposal Date 2/1/2013  Title  HEALTH & SAFETY OFFICER  Hauler ID No. 17273  G.RO.W.S LANDFILL (Non-Friable) Gloucester County Solid Waste Complex (Friable)  City. State MORRISVILLE, PA 19067  Signature  Date 10/15/12  | Name of Register       | ed Waste Hau  | ller   | NJDEP Wastel    | Cubic I           | Name of D  | egistered !   | andfill     |           |              |   |            |
| OO1 Fairview St. Camden, NJ  17273 of Waste Gloucester County Solid Waste Complex (Friable)  City, State  CAST HANOVER, NJ  Completed by (Print or Type)  OAN STABILITO  Date  17273 of Waste Gloucester County Solid Waste Complex (Friable)  City. State  MORRISVILLE, PA 19067  2/1/2013  Signature  Date  10/15/12   | Waste Managemer        | nt, Inc.  |  |                 |                   |  |               |             | e)        |              |   |            |
| Date MORRISVILLE, PA 19067  2/1/2013    Date MORRISVILLE, PA 19067   Date  |                        | Camden, NJ  |  |                 |                   | Gloucester   | County Sol    |             |           | riable)      |   |            |
| Completed by (Print or Type)  Title HEALTH & SAFETY OFFICER  Title HEALTH & SAFETY OFFICER  Total Date  10/15/12   |                        | NI I  |  |                 |                   |  |               | 007         |           |              |   |            |
| Completed by (Print or Type)  Title HEALTH & SAFETY OFFICER  Signature  Talvutto  10/15/12   | LAGI HANOVER,          | 110   |  | l'              |                   | WUKKISVI   | LLE, PA 19    | 067         |           |              |   |            |
| AN STABILITO  HEALTH & SAFETY OFFICER  10/15/12  |                        | nt or Type)   |  |                 |                   | - 1  | Signature     | 7 1         |           |              | Date  |            |
| SP 41 10/15/12   | DAN STABILITO          | 1516H B   |  | HEALTH & SAF    | ETY OFFI          | CER  | Th.           | 1.          | 1.11      | 1            | +   | personal A |
| 2D-41  | ASB-41                 |   |  |                 |                   |  | In            | Ja          | MUI       | LU.          |   | 10/15/12   |

|   | OCT S          | y Ma<br>enar<br>usto<br>taff | tion<br>ally<br>d \<br>ely<br>ain-<br>ce/<br>dial |  | Amount<br>(Specify<br>SF or LF) | R<br>E<br>M  | ent Type  R E P A I R | E N C A P S U L | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R |
|---|----------------|------------------------------|---|--|---------------------------------|--|-----------------------|-----------------|--------------------------------------|
| 652   | FÆ             | HING                         | N7A   | HTROL                                      |                                 |  |                       |                 |                                      |
| NELA- 1st Floor Exterior                                      | 23             |                              | 山   | White Block Pipe Insulation                | 598 LF                          | V  |                       |                 |                                      |
| NELA- 1st Floor   | THE OWNER WHEN | 121                          | 100   | Aircell Pipe Insulation                    | 4 LF                            | 7  |                       |                 |                                      |
| NELA- 1st & 2nd Floors  | 4              |                              |   | Ebony Board Switch Panels & Lab Table Tops | 56 SF                           | 7  |                       |                 |                                      |
| NELA- 1st Floor Oil Storage                                   | V              |                              |   | Transite Wall & Ceiling Panels             | 752 SF                          | 1  |                       |                 |                                      |
| NELA- 1st Floor Hallway                                       | V              |                              |   | Corrugated Transite Ceiling/Roof Panels    | 100 SF                          | N  |                       |                 | 1 7                                  |
| NELA- 1st & 2nd Floors  | V              |                              |   | Transite Lab Hoods                         | 190 SF                          |  |                       |                 |                                      |
| NELA- 1st Floor   | V              |                              | III   | 9"x9" Red VAT & Black Mastic               | 955 SF                          | V  |                       |                 | 1                                    |
| NELA- 1st & 2nd Floors  | V              |                              | П   | Tar & Mesh Flashing                        | 420 SF                          | 1/   |                       |                 |                                      |
| NELA- 1st Floor   | V              |                              |   | Ceiling Tile Glue Dots                     | 1005 SF                         | V  |                       |                 |                                      |
|   |                |                              |   |  |                                 |  |                       |                 |                                      |
| SMRL- Basement, Crawlspace,<br>1st Floor, 2nd Floor, Exterior |                |                              |   | White Block Pipe Insulation                | 1214 LF                         |  |                       |                 |                                      |
| SMRL- Basement & 2nd Floor                                    | N              | in                           | П   | Duct Insulation                            | 257 SF                          |  |                       |                 |                                      |
| SMRL- Basement, 1st & 2nd FI                                  | V              |                              |   | Ebony Board Lab Table Tops                 | 746 SF                          | <u> フ</u>  |                       |                 |                                      |
| SMRL- 2nd Floor   | V              | I                            | T   | Ebony Board Lab Hoods                      | 162 SF                          | 7  |                       |                 | <del></del> -                        |
| SMRL- 1st & 2nd Floor   | 17             | H                            | Ħ   | Transite Lab Hoods                         | 204 SF                          | The state of the s |                       |                 |                                      |
| MRL- Basement Lunch Room                                      |                | H                            |   | 12"x12" Green VAT & Black Mastic           | 288 SF                          | 7  |                       |                 |                                      |
| SMRL- Basement & 1st Floor                                    | 1              | T                            | n   | 9"x9" Green VAT & Black Mastic             | 368 SF                          | [7]  |                       |                 |                                      |
| SMRL- 2nd Floor Roof  | 17             | Ħ                            | T   | Tar & Felt Flashing                        | 925 SF                          | house of the last  |                       |                 |                                      |
| SMRL- 1st Floor Roof  | 7              | +                            |   | Tar & Mesh Flashing                        | 200 SF                          | V  |                       |                 |                                      |
| SMRL- 1st Floor   | 1              | H                            | H   | 9"x9" Gray VAT & Black Mastic              | 650 SF                          | 7  |                       |                 |                                      |
|   |                | n                            | Ħ   | one one will a black mastic                | 000 SF                          | <u> </u>   |                       |                 |                                      |
|   |                | 1                            | -   |  |                                 |  |                       |                 |                                      |
|   | H              | T                            | H   |  |                                 |  |                       |                 |                                      |
|   |                | П                            |   |  |                                 | -  |                       |                 |                                      |
|   | hand           | L                            | L   |  |                                 |  |                       |                 |                                      |

CK 1163

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

| 10/15/12   | - 1               |   | d Nelsor    | g Owner/operator<br>1               | (2)                                    | OCT 17 AMI                             | 2: 4          | 1        |             |             |
|--|-------------------|---|-------------|-------------------------------------|--|--|---------------|----------|-------------|-------------|
| Agencies Notified Type Notification              | -                 |   | Address     |                                     | <del>~ 36</del>                        | ESTOS CONT<br>LICENSING                |               |          |             |             |
|  | 1                 |   | rr Drive    |                                     |  | LICENCUMI                              | ROL           |          |             |             |
| DEP Amended  DOL Amendment #                     | Γ                 |   | tate, Zip C |                                     | ************************************** | - TOING                                |               |          |             |             |
| Emergency (including                             | - 1               | -                                       |             | wnship, NJ 086                      | 10                                     |  |               |          | _=          |             |
| DOH justification) DCA Cancellation              |                   |   | of Contac   | t                                   |  | Telephone Numbe                        | r             |          |             | 900.000     |
| L dancenation                                    |                   | David                                   | Nelson      |                                     |  | <u> </u>                               | -             |          |             |             |
|  |                   | FAC                                     | ILITY INF   | ORMATION                            |  |  |               |          |             |             |
| Name of Facility Where Abatement is Taking Place | (3)               |   |             |                                     | Type of Facility                       |  |               |          |             | R0000 1 CCC |
| Residence  |                   |   |             |                                     | School (K-1                            | 2)<br>8 (Other than K-1 2              | 1             |          |             |             |
| Street Address                                   |                   |   |             |                                     | Other (i.e.,                           | private & commercia                    | )<br>al build | ings,    |             |             |
| 3 Kerr Drive                                     |                   |   |             |                                     | homes, etc                             | .)                                     |               |          |             |             |
| City (5)   |                   | 111111111111111111111111111111111111111 |             |                                     | Square Feet                            | # of Floors                            |               | dg. A    | ge          |             |
| Hamilton Township, NJ 08610                      |                   |   |             |                                     | 2000                                   |  | 20            |          |             |             |
| County (6) Mercer                                |                   | Cour<br>USE                             | nty Code (  | 7) (STATE                           | Current Use (F<br>Commercial           | rior If being demolis<br>Property      | shed)         |          |             | <b></b>     |
| Name of Monitoring Firm Hired by Building Owner  | T                 | ASCM N                                  | lo.         | Name of Abaten                      | nent Contractor (                      | 9)                                     |               |          |             |             |
| (8) n/a  |                   | n/a                                     |             | Blavor, Inc.                        |  |  |               |          |             |             |
| Street Address                                   |                   |   |             | Street Address                      |  |  |               |          |             |             |
| n/a  |                   |   |             | 1 Mountain A                        |  |  |               |          |             |             |
| City, State, Zip Code                            |                   |   |             | City, State, Zip (                  |  |  |               |          |             |             |
| <u>n/a</u>                                       |                   |   |             | Montville, NJ                       | 07045                                  |  |               |          |             |             |
| Project Manager for Monitoring Firm              |                   | ephone I                                | Vo.         | Telephone No.                       | _                                      | License No.                            |               |          |             |             |
| <u>n/a</u>                                       | n/a               |   |             | 973-265-4165                        |  | 01049                                  |               |          |             |             |
| Start Date (10) Scheduled C                      | omple             | tion Dat                                | t∈ (11)     | Name of OSHA<br>Blavor, Inc.        | Monitor                                |  |               |          |             |             |
| 0ccupancy Status During Abatement (Check only    |                   |   |             | Street Address                      |  |  | ==:           |          |             |             |
| Facility Closed/Vacated During Entire Period of  |                   | mant                                    |             | 1 Mountain A                        | ve                                     |  |               |          |             |             |
| Abatement Performed Outside of Normal Facility   |                   |   |             | City, State, Zip (                  |  |  |               |          |             |             |
| Other - Describe: 9:00 am - 9:00 pm              |                   |   |             | Montville, NJ                       |  |  |               |          |             |             |
| Scope of Work (Check all that apply)             |                   |   |             |                                     |  | 1                                      |               | -        |             |             |
| >3 sf or >3 lf                                   | novati<br>molitic | ion<br>on                               |             | Mini-Er<br>Gloveb                   | nclosure<br>ag Procedure               | egative Pressure  Ion-Friable Procedur | e             |          |             |             |
| Isl  | ocatio            | on                                      |             |                                     |  |  | 1             | bate     |             | :           |
| 1          | ormall            |   |             | Description                         |  |  |               | Тур      | oe .        |             |
|  | Sole              |   | Asbes       | Description of<br>tos Containing Ma |  | Amount                                 |               |          | m           |             |
| TO BE ABATED C                                   | ustodia           |   | (i.e.,      | thermal systems                     | insulation,                            | (Specify                               | Re            | R        | Encapsulate | Enciosure   |
| in i donity                                      | Staff?<br>(12)    |   |             | surfacing, VAT                      | eous)                                  | SF or LF)                              | Removal       | Repair   | Sul         | losu        |
|  |                   | Τ                                       | W           |                                     | ******* <b>*</b>                       |  | <u>à</u>      | 7        | ate         | ē           |
| Yes  | No                | N/A                                     |             |                                     |  |  | +             |          | _           | -           |
| Basement, 1st Floor, Attic, Roof                 |                   | X                                       | Asbesto     | s Transite Pipe                     |  | 20 LF                                  | _ X           |          | _           | -           |
|  |                   | -                                       |             |                                     |  |  | +-            |          | -           | -           |
|  |                   | -                                       |             |                                     |  |  | +             |          | _           | ┼           |
| Name of Registered Waste Hauler                  | 17                | NJDEP I                                 | Naste       | Cubic Yards                         | Name of Re                             | gistered Landfill                      |               | <u> </u> | L           |             |
| Blavor, Inc.                                     | 1                 | dauler JE                               | No.         | of Waste                            | G.R.O.W.S                              | S. Landfill                            |               |          |             |             |
| City. State                                      |                   |   | ~====       | Disposal Date                       | City, State                            |  |               |          |             |             |
| I City, State                                    |                   |   |             | TBD                                 |  | , PA 19067                             |               |          |             |             |
|  |                   |   |             | I I DD                              | VIOLITISTIC                            | 2, 174 17007                           |               | -        |             |             |
| Montville, NJ 07045  Completed By Title          | ===               | ====                                    |             | Signature                           | Morrisvitio                            | Date 10/1                              |               |          |             |             |

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1208-1671 Check #: 2870

10/12/12

(Pursuant to N.J.A.C. 8:60 and 12:120) RECEIVED Name of Building Owner / Operator (2) Date of Notification (1) 2012 OCT 17 AM 3: 33 Mr. Bryan Williams 10/12/12 Street Address Agencies Notified Type Notification 17 Noblewood Place ASSESTOS CONTROL & LICENSING City, State & Zip Code  $\Box$ DEP Initial Willingboro, NJ 08046  $\overline{\boxtimes}$ DOL Amended elephone Number Name of Contact Emergency X DOH DCA Cancellation Mr. Bryan Williams **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Residential Property Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 17 Noblewood Place Blda. Age Square Feet # of Floors 45 1.600 +-County (6) County Code (7) City (5) Current Use (Prior if being demolished) Burlington Willingboro Residential Property Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Asbestos and Mold Services, Corp. Horizon Environmental Street Address Street Address 3859 Sylon Blvd. PO Box 316 City, State & Zip Code City, State & Zip Code Hainesport, NJ 08036 Thorofare, NJ 08086 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00862 609-702-0400 856-848-0800 Dave or Steve Flanigan Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) **EMSL Analytical** 10/26/12 10/25/12 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 107 Haddon Ave. City, State & Zip Code Abatement Performed Outside of Normal Hours Westmont, NJ 08108 Describe: Isolated Area Scope of Work (Check all that apply) Negative Pressure Enclosure Mini-Enclosure Renovation ≥3 sf or ≥3 lf Glove Bag Procedures Demolition ≥160 sf ≥260 lf Non-Exempted and Non-Friable Procedure Abatement Type Amount Description of Is Location Location of (Specify Asbestos-Containing Asbestos-Containing Normally Used SF or LF) Encapsulate Material (ACM) Solely by Material (ACM) Remova (i.e., thermal systems Maintenance or TO BE ABATED insulation, surfacing, VAT **Custodial Staff?** in Facility or other miscellaneous) (12)(13)Yes No N/A Parquet, Floor Tile & Mastic 400 SF 1st Floor (3) areas Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. GROWS 22612 Horizon Disposal City, State Disposal Date City, State 10/26/12 Morrisville, PA Trenton, NJ Date Signature Title Completed By (Print or Type)

Admin.

Kim Trumbetti

CK004465 D&S Proj. #: MS 12-

### State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

|                                    |                                    |             |                            |              |               |               |        |                             |        | 2010   |                           | FL       |          |        |    |
|------------------------------------|------------------------------------|-------------|----------------------------|--------------|---------------|---------------|--------|-----------------------------|--------|--|---------------------------|----------|----------|--------|----|
| Date of Notification               |                                    |             |                            | Building Own |               | perator (2)   |        |                             |        | ASSESTE<br>& LIC   | 17 AF                     | 13:      |          |        |    |
| Agencies Notified                  | Type Notifica                      | tion        | Street Add                 |              | _             |               |        |                             | _      | - POEST  | 10                        | 0. (     | 12       | _      |    |
| ☐ EPA                              | Initial                            |             |                            | DSLEY A      | 1700          | VII IE        | 33     |                             |        | & 110  | SCOM                      | TRA      | ,        |        | f  |
| ☐ DEP                              | Amended                            | 11.         |                            | Zip Code     | VEI           | NUE           |        |                             |        | ~10  | CHSIN                     | 3110     | <u>L</u> | _      |    |
| ☑ DOL                              | Amendment #                        |             |                            |              |               |               |        |                             |        |  |                           | •        |          |        |    |
| ☑ DOH                              | Emergency<br>(including            | 1.1         | Applications of the second | ORANGI       | E, N.         | J 07052       | _      |                             |        | THE OWNER WHEN THE PARTY OF THE |                           |          |          |        |    |
| ₩ DOH                              | justification                      |             | Name of Co                 | ontact       |               |               |        |                             |        | Telepho  | ne Numb                   | er       |          |        |    |
| DCA                                | ☐ Cancellation                     | <u> </u>    | BETT                       | Y GAKOS      | S             |               |        |                             |        |  |                           |          |          |        |    |
|                                    |                                    |             |                            | FAC          | CILIT         | Y INFORM      | OITA   | N                           |        |  |                           |          |          |        |    |
| Name of facility w                 | here abatement                     | s taking pl | ace (3)                    |              |               |               |        |                             |        | Type of Facility   | (4)<br>ool (K - 12        | )        |          |        |    |
| BETTY GAKO                         | OS                                 |             |                            |              |               |               |        |                             |        |  | hapter 8 (                | 5.       | han K    | 12)    |    |
| Street Address                     |                                    |             |                            |              |               |               |        |                             |        | Other  | r (Private/0<br>s./Homes, | Comme    |          | -12)   |    |
| 89 LINDSLEY                        | Y AVENUE                           |             |                            |              |               |               |        |                             |        | Square Feet  | # of Flor                 |          | В        | ldg. A | ge |
| City (5)                           |                                    | Cou         | inty (6)                   |              |               |               | Cou    | unty Code (7)               | _      | •  |                           |          |          | •      |    |
| WEST ORAN                          | IGE                                | ES          | SEX                        |              |               |               | (Sta   | ate use only)               |        | Current Use (  | Prior if bei              | ng den   | nolish   | ed)    |    |
| Name of Monitorin                  | ng Firm Hired by                   | Bldg. Own   | er (8)                     |              | AS            | SCM No.       | $\neg$ | Name of Abaten              | nent C | ontractor (9)  |                           |          |          |        | -  |
| 140-200                            |                                    |             |                            |              |               |               |        | D & S REST                  | ORA    | TION, INC.   |                           |          |          |        |    |
| Street Address                     |                                    |             |                            |              |               |               |        | Street Address              |        | ,  |                           |          |          |        |    |
|                                    |                                    |             |                            |              |               |               |        | 20 Californi                | ia Av  | e.   |                           |          |          |        |    |
| City, State, Zip Coo               | ie                                 |             |                            |              |               |               |        | City, State, Zip C          | ode    |  |                           |          |          |        |    |
| _                                  |                                    | 1           |                            |              |               | 1             |        | Paterson, N                 | J 075  | 503  |                           |          |          |        |    |
| Project Manager fo                 | r Monitoring Firm                  | 1           | F                          | Phone Num    | ber.          |               |        | Telephone Numb              |        |  | License                   |          | er       |        |    |
|                                    |                                    |             |                            |              |               |               |        | 973-345-8                   |        |  |                           | )1169    |          |        |    |
| Start Date (10)                    |                                    | Sche        | d. Comple                  | tion Date (1 | 11)           |               |        | Name of OSHA<br>D & S Resto |        | 50 pg  |                           |          |          |        |    |
| 10/22/12                           | and the last of                    | 10/3        | 1/12                       |              |               |               |        | Street Address              | Jiano  | n, mc.   |                           |          |          |        |    |
| Occupancy Status                   | During Abateme                     | nt (Check o | only one)                  |              |               |               |        | 20 California               | a Ave  | enue   |                           |          |          |        |    |
|                                    | d/vacated during                   |             |                            |              |               |               |        | City, State, Zip C          | ode    |  |                           |          |          |        | -  |
| Depariher                          | erformed outside                   |             | facility ho                | urs-         |               |               |        |                             |        |  |                           |          |          |        |    |
| Other-Descri                       | ibe: NORMAL I                      | IOURS       |                            |              |               |               | _      | Paterson, N                 | J 075  | 03   |                           |          |          |        |    |
| Scope of Work (ch                  |                                    |             |                            |              |               |               |        |                             | ПЕ     | ull Containment  | w/negative                | press    | ure      |        |    |
| $\boxtimes$ >3 sf or >3 lf         | ×                                  | Renovati    | on                         |              |               |               |        |                             | =      | fini-enclosure   | ŭ                         |          |          |        |    |
| ≥160 sf or ≥2                      | 260 If                             | Demolitio   | n                          |              |               |               |        |                             |        | lovebag procedi<br>lon-Exempted (*   |                           | -friable | proc     | edure  | ı  |
| Location of                        | 500 V 25                           |             |                            | used solel   | ly            |               |        |                             |        |  |                           | R        | R        | Е      | E  |
| asbestos-cor                       |                                    | staff(12)   | enance/cu                  | stodiai      |               |               |        | sbestos-containin           | g      | Amount   |                           | e<br>m   | e        | n      | n  |
| material (acre<br>abated in fac    | n) to be<br>cility (13)            |             | 1 100                      | NVA          | -             | material (A   | ACM)   |                             |        | (Specify LF)   | SF or                     | 0        | a        | c<br>a | C  |
|                                    |                                    | Yes         | No                         | N/A          |               |               |        |                             |        | ,  |                           | v<br>e   | i        | р      | -  |
| Basement                           |                                    |             | X                          |              | PI            | PE INSU       | LAT]   | ION                         |        | 90 L FT  |                           | X        |          |        |    |
|                                    |                                    |             |                            |              |               |               |        |                             |        |  |                           |          |          |        |    |
|                                    |                                    |             |                            |              |               |               |        |                             |        |  |                           |          |          |        |    |
|                                    |                                    |             |                            |              |               | Walter Street |        |                             |        |  |                           |          |          |        | 靣  |
|                                    |                                    |             |                            |              |               |               | 1000   |                             |        |  |                           |          |          |        |    |
| Registered Waste F<br>D & S RESTOR |                                    |             | EP Hauler<br>506           |              | Cubic<br>1 YI | Yards of W    | /aste  | Name of Registe             |        | andfill<br>ESOURCE R   | ECOVE                     | v        |          |        |    |
| City, State                        |                                    |             |                            | Disposal     |               |               |        | City, State                 | IN, K  | LSOURCE R  | LCOVE                     | (I       |          |        |    |
| PATERSON, N                        | IJ 07503                           |             |                            | 10/23/1      |               |               |        | TULLYTOV                    | VN. F  | PA   |                           |          |          |        |    |
|                                    | Completed by (Print or Type) Title |             |                            |              |               |               |        | 1 2221101                   | ,, 1   |  | Date                      |          |          |        | _  |
| BOGDAN JOL                         |                                    | PRESID      | ENT                        |              |               | gnature       |        |                             |        |  | 10/10/                    | 12       |          |        |    |
| ASB-41                             |                                    | Do not us   | e this form                | for asbest   | tos lic       | ensure exe    | mpted  | d activities.               |        |  | -                         |          |          |        |    |

# D&S Proj. #: MS 12-364

### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

|   |                |                              |              |                        |        |                                 |           | •                            |                          | in End  | 5              |        |            |
|---|----------------|------------------------------|--------------|------------------------|--------|---------------------------------|-----------|------------------------------|--------------------------|---------|----------------|--------|------------|
| Date of Notification (1)                                  |                |                              | Building Own | ner/Operator (2)       |        |                                 |           | 2012 OCT 1                   | 7 AM                     | 3: 3    |                |        |            |
| Agencies Notified Type Notific                            | ation          | Street Add                   |              |                        |        |                                 | - 1       | SEFETA                       |                          | -       |                |        | -          |
| EPA   Initial   Amended                                   |                | 435 WI                       | EST GRO      | VE STREET              |        |                                 |           | & LICE                       | CON                      | TRO     | 1              |        |            |
| Amendment   | #:             | City, State                  |              |                        |        |                                 |           | LIVE                         | RZIME                    | ,       | <b>.</b>       |        |            |
| DOL Emergence   | y              | WEST                         | FIELD, N.    | J 07090                |        |                                 |           |                              |                          |         |                |        |            |
| DOH (including justification                              |                | Name of C                    |              |                        | -      |                                 |           | Telephor                     | e Numbe                  | er      |                |        |            |
| DCA Cancellati  |                | FRED                         | TOMKIN       | S                      |        |                                 |           |                              | -                        | E       |                |        |            |
| Cancellan   | 011            |                              |              | CILITY INFORM          | ATIO   | V                               |           | <u> </u>                     |                          | ;       | _              |        |            |
| Name of facility where abatemen                           | t is taking    | place (3)                    |              |                        | -      | -                               | Пт        | ype of Facility (            | (4)                      |         |                |        | _          |
| FRED TOMKINS  |                |                              |              |                        |        |                                 |           | School                       | ol (K - 12<br>apter 8 (0 |         | than I         | ( 12)  |            |
| Street Address  |                |                              |              |                        |        |                                 |           | Other !                      | (Private/0<br>(Homes,    | Comme   |                | (-12)  |            |
| 435 WEST GROVE STREE                                      |                |                              |              |                        |        |                                 | -         |                              | # of Floo                |         | В              | ldg. A | \ge        |
| City (5)  | Co             | ounty (6)                    |              |                        |        | unty Code (7)                   | _         |                              |                          |         | _              | 25525  | <i>7</i> 3 |
| WESTFIELD   | ι              | JNION                        |              |                        | (Sta   | ate use only)                   |           | Current Use (P               | rior if beir             | ng den  | nolish         | ed)    |            |
| Name of Monitoring Firm Hired by                          | y Bldg. Ow     | vner (8)                     |              | ASCM No.               |        | Name of Abatemer                | nt Cor    | tractor (9)                  |                          |         |                |        |            |
|   |                | 100                          |              |                        |        | D & S RESTOR                    | RAT       | ION, INC.                    |                          |         |                |        |            |
| Street Address  |                |                              |              |                        |        | Street Address                  |           |                              |                          |         |                |        |            |
|   |                |                              |              |                        |        | 20 California A                 |           |                              |                          |         |                |        | 0071       |
| City, State, Zip Code                                     |                | 0.0000                       |              | 15,00                  |        | City, State, Zip Code           | е         |                              |                          |         |                |        |            |
| Project Manager for Monitoring Fir                        |                |                              |              |                        | _      | Paterson, NJ C                  |           | 3                            |                          |         |                |        |            |
| Project Manager for Monitoring Fir                        | m              |                              | hone Numb    | oer                    |        | Telephone Number<br>973-345-802 |           |                              | License                  |         |                |        |            |
| Ot 1 D. L. (10)   | 10:            |                              |              |                        |        | Name of OSHA Mo                 |           |                              |                          | 1169    |                |        |            |
| Start Date (10)   | Sch            | ed. Complet                  | tion Date (1 | 1)                     |        | D & S Restora                   |           | Inc.                         |                          |         |                |        |            |
| 10/23/12  |                | /31/12                       |              |                        |        | Street Address                  |           |                              |                          |         |                | _      |            |
| Occupancy Status During Abateme                           |                |                              |              |                        |        | 20 California A                 | venu      | ie                           |                          |         |                |        |            |
| Facility closed/vacated durin  Abatement performed outsid |                |                              |              |                        |        | City, State, Zip Code           | е         |                              |                          |         |                |        |            |
| Describe:   |                | ar raomity riot              |              |                        | _      | D                               |           |                              |                          |         |                |        |            |
| Other-Describe: NORMAL                                    |                |                              |              |                        |        | Paterson, NJ 0                  | 7503      |                              |                          |         |                |        |            |
| Scope of Work (check all that app                         |                |                              |              |                        |        |                                 | -         | Containment w                | /negative                | press   | ure            |        |            |
|   |                |                              |              |                        |        |                                 |           | -enclosure<br>rebag procedur | e                        |         |                |        |            |
| ≥160 sf or ≥260 lf  | Demolit        | 2000                         |              |                        |        |                                 |           | -Exempted (*)                |                          | friable | proc           | edure  | ı          |
| Location of   |                | tion normally<br>ntenance/cu |              | /                      |        |                                 |           |                              |                          | R       | R              | Е      | E          |
| asbestos-containing<br>material (acm) to be               | staff(12       |                              |              | Descriptio material (A |        | sbestos-containing              |           | Amount<br>(Specify S         | For                      | m       | e<br>p         | n      | n          |
| abated in facility (13)                                   | Yes            | No                           | N/A          | material (/            | -CIVI) |                                 |           | LF)                          | · Oi                     | o<br>v  | a<br>i         | a<br>p | L          |
| Basement  |                |                              |              | PIPE INSU              | LATI   | ON                              |           | 32 L FT                      |                          | e<br>I  | ń              | П      |            |
| Basement CRAWL SPACE                                      |                |                              |              | PIPE INSUI             | LATI   | ON                              |           | 3 L FT                       |                          | in      | $\bar{\sqcap}$ | n      | 亓          |
| Basement  |                |                              |              | BARE HEA               | TING   | G PIPES(RECLEA                  | N)        | 12 L FT                      |                          | Ħ       | 一              | Ħ      | 一          |
|   |                |                              |              |                        |        |                                 |           |                              |                          |         | Ē              | 一      | 盲          |
|   |                |                              |              |                        | 17.75  |                                 |           |                              |                          |         |                |        |            |
| Registered Waste Hauler D & S RESTORATION, INC.           |                | DEP Hauler<br>3506           | (10 mg/s)    | ubic Yards of W        | /aste  | Name of Registered TULLYTOWN,   |           |                              | COVER                    | Y       |                |        |            |
| City, State   |                |                              | Disposal D   |                        |        | City, State                     |           |                              |                          |         |                |        |            |
| PATERSON, NJ 07503  |                |                              | 10/24/1      |                        |        | TULLYTOWN                       | , PA      |                              |                          | 19      |                |        |            |
| Completed by (Print or Type) BOGDAN JOLDZIC               | Title<br>PRESI | DENT                         |              | Signature              |        |                                 | 81112-1-2 | 1                            | Date                     |         |                |        |            |
| ASB-41  |                |                              | for ashesto  | s licensure eye        | mnted  | activities                      |           |                              | 10/11/                   | 12      |                | _      |            |

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

|   | *:                                 |                          |                                    |                    |                            | SBESTOS ABATE<br>C 8:60 and 12:12   | EMENT<br>20)   | R                  | ECF                     | 111     | Ser.   |             |           |
|---|------------------------------------|--------------------------|------------------------------------|--------------------|----------------------------|---|--|--------------------|-------------------------|---------|--------|-------------|-----------|
|   | /2012                              |                          |                                    |                    |                            | ling Owner/Operato<br>Apartment & Co  | or (2)<br>ountry Club  | 201201             | 717                     | 14      |        | 7           | i i i     |
| Agencies Notified  EPA DEP  | Type Noti                          |                          |                                    |                    | eet Addres<br>55 US H      |   | Ą  | SBFC               | ECE                     | AH,     | 3: 5   | 1           |           |
| ⊠ DOF   | Amend<br>Emerg                     | dment #_<br>ency (includ | ling                               |                    | y, State, Zip<br>d Bridge, | Code<br>NJ 08857  |  | & L                | TOS CO                  | MI      | ROL    |             |           |
| DCA   | justific<br>Cancel                 |                          |                                    |                    | me of Conta<br>nadette P   |   |  | Tele               | phone N.                |         |        |             |           |
|   |                                    |                          | 100                                | F                  | ACILITY IN                 | FORMATION   |  |                    |                         | _       |        |             |           |
| Name of Facility Where Apartments Bldg.  Street Address 1 A-D Cyprus Lane |                                    | s Taking Pla             | ice (3)                            | )                  |                            |   | Type of Facil  | (-12)<br>er 8 (Oth | er than K-1             | 2)      |        | 2 2         |           |
| City (5)  | ,                                  |                          |                                    |                    |                            |   | Other (i.e.<br>homes, e                                      | tc.)               | & commerc               |         |        | Age         |           |
| Old Bridge,   |                                    |                          |                                    |                    |                            |   | 2000 SF  | _ 2                |                         | _   ,   | 60+    | rigo        |           |
| Middlesex   |                                    |                          |                                    | US<br>US           | unty Code<br>E ONLY)       | (7) (STATE  | Apartments   |                    | eing demol              | ished   | )      |             |           |
| Name of Monitoring Firm (8) N/A   | n Hired by Bu                      | ilding Owne              | er                                 | ASCI               | M No.                      | Name of Abater DIA Genera   | nent Contractor  |                    |                         |         |        |             |           |
| Street Address  |                                    |                          |                                    |                    |                            | Street Address<br>1360 Clifton,   | Avenue PA  | /IB Suit           | e 218                   |         |        |             |           |
| City, State, Zip Code   |                                    |                          |                                    |                    |                            | City, State, Zip C  | ode  | D Out              | 6210                    |         | _      |             |           |
| Project Manager for Mor   | roject Manager for Monitoring Firm |                          |                                    |                    |                            | Telephone No. 973-389-008   |  | 10000              | ense No.                |         |        |             | 0         |
| Start Date (10)   |                                    | Scheduled                | Comp                               | letion D           | ate (11)                   | Name of OSHA  |  | 0                  | 0693                    | _       |        |             |           |
| 10/22/2012  |                                    | 10/23/20                 | )12                                |                    |                            | DIA General   | Constructio  | n, Inc.            |                         |         |        |             |           |
| Occupancy Status Durin  Recility Closed/Vacate                            |                                    |                          |                                    |                    |                            | Street Address  | A D.   | 40.0               |                         |         |        |             | _         |
| Abatement Performed   | Outside of N                       | lormal Facil             | ity Ho                             | ement<br>urs       |                            | 1360 Clifton,<br>City, State, Zip C   |  | /IB Suit           | te 218                  | _       |        |             | _         |
| Other - Describe:   |                                    |                          | 509% 0050<br>600% 0050             |                    |                            | Clifton, NJ 0   |  |                    |                         |         |        |             |           |
| Scope of Work (Check a  | II that apply)                     |                          |                                    |                    |                            |   |  |                    |                         |         | _      | _           |           |
| >3 sf or >3 lf<br>>160 sf or >260 lf                                      | 2                                  |                          | enova<br>Demo                      |                    |                            | Mini-End<br>Goveba  | itainment with N<br>closure<br>g Procedure<br>empted (*) and |                    |                         | مسائم   |        |             |           |
|   |                                    |                          | Locati                             |                    |                            | 1 1 11017 = 2   | empted ( ) and   | TVOII-I III        | able Floce              | 1000000 |        | ment        | <u> </u>  |
| Location of Asbestos-Containing M   | of                                 | Use                      | d Sole                             | ly by              |                            | Description of  |  |                    |                         |         | Ту     | oe .        |           |
| TO BE ABAT IN Facility (13)   |                                    | C                        | ntenar<br>ustodi<br>staff?<br>(12) | al                 | Asbest<br>(i.e.,           | os Containing Mate<br>thermal systems in<br>surfacing, VAT,<br>other miscellaneou | sulation,<br>or  | (Sp                | ount<br>ecify<br>or LF) | Remova  | Repair | Encapsulate | Enclosure |
| Crawl Space   | Yes No                             |                          |                                    |                    |                            |   |  |                    |                         | =       |        | ite         | æ         |
| rawi space  |                                    |                          |                                    |                    | Pipe/Eit                   | ow Insulation   |  | 200 L              | F                       | X       |        |             |           |
|   |                                    |                          |                                    |                    |                            |   |  |                    |                         |         |        |             |           |
|   |                                    |                          |                                    |                    |                            |   |  |                    |                         |         |        | _           |           |
|   |                                    |                          |                                    |                    | Vaste                      | Cubic Yards   | Name of Regi   | stered La          | andfill                 |         |        |             |           |
| crvice transport Group  |                                    |                          |                                    | lauler ID<br>20970 | No.                        | of Waste<br>10  | Minerva La   | andfill            |                         |         |        |             |           |
| ty, State<br>ew Castle, DE  |                                    |                          |                                    |                    |                            | Disposal Date<br>10/23/2012   | City, State Waxnesbur  |                    | 14688                   |         |        |             |           |
| Completed By<br>Crutarth Jagad  |                                    | Title<br>President       |                                    |                    |                            | Signature   | - Incoord  | 5, OII .           | Date                    |         | -      |             |           |
| BA1   |                                    | riesident                |                                    |                    |                            | 1 0   | <u> </u>   |                    | 10/11/2                 | 012     |        |             |           |

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

| Date of Notification (1) [ 10 ] ( 12] / [ 12 ]                      |  |                    | 1000   | ame of Building Owner  | Operator (  | (2)  | REC                          | Elvi     | · .     |     |
|---|--|--------------------|--------|--|-------------|--|------------------------------|----------|---------|-----|
| Agencies Notified (x) EPA   | Type Notifica                          |                    | S      | treet Address O Box 375  | 4           | 2012   | REC.                         | AM.      | - I) —  |     |
| ( ) DEP<br>(x ) DOL<br>(x ) DOH                                     | (x ) Initial<br>Notifica<br>() Amended | I                  |        | ity, State, Zip Code<br>Iorristown, NJ 07960   |             | 458  | ESTOS<br>LICEN,<br>Number N. | CONT     | 30      | a i |
| ( ) DCA   | Notifica<br>( ) Cancella               |                    | 300    | ame of Contact<br>ud Liptak  |             | Telephone  | Number N.                    | SING     | TUL,    |     |
|   |  |                    | FA     | CILITY INFORMATIO  |             |  |                              |          |         |     |
| Name of Facility Where Abateme<br>The Seeing Eye                    | ent is taking Pl                       | ace (3)            |        |  | {:          | ype of Facility (<br>x } School (K-<br>} Subchapter 8  | 12)<br>3 (other than         |          |         |     |
| Street Address<br>10 Washington Valley Road                         |  |                    |        |  | _ [ {       | Other (i.e.,priv<br>cial buildir   | rate & come<br>ngs, homes,   |          |         |     |
| City (5)<br>Morristown  | County                                 | (6)<br>Morris      | Cou    | inty Code (7)<br>(STATE USE ONL)   | Y)          |  | 3                            | Bldg. Ag |         |     |
|   |  |                    |        |  | Ci          | rrent use (Prior<br>training center  |                              | nolished | )       |     |
| Name of Monitoring Firm Hired b<br>Owner (8) EHI                    | y Building A                           | ASCM No.           |        | Name of Abatement ( POW/R/SAVE I   |             | (9)  |                              |          |         |     |
| Street Address (655 West Shore                                      | e Tr.)                                 |                    |        | Street Address 27  | West Str    | eet  |                              |          |         |     |
| City, State, Zip Code   | 2.83                                   |                    | T      | City, State, Zip Code  |             |  |                              |          |         |     |
| (Sparta, NJ) Project Manager for Monitoring F                       | irm Telepho                            | ne Number          |        | Bloomfield, NJ 070<br>Telephone Number   | 103         | License  | Number 3                     | 357      | _       |     |
| (973-729-5649)  |  |                    | -      | (973) 680-0088   |             | - Incomso  | riamoer .                    |          |         |     |
|   | ed.Completion<br>01]/[31/[ 1           |                    | )      | Name of OSHA Mon   | itor        | · ·  |                              |          |         |     |
|   | Ionth Day                              |                    |        |  |             |  |                              |          |         |     |
| Occupancy Status During Abatem                                      |  |                    |        | Street Address   | -           |  |                              |          |         |     |
| <ul><li>[ x ] Facility Closed/Vacated Du<br/>of Abatement</li></ul> | iring Entire Pe                        | riod               |        |  |             |  |                              |          |         |     |
| [X] Abatement Performed Outsi                                       |  |                    |        | City, State, Zip Code  |             | MALE AND ADDRESS OF THE PARTY O |                              |          |         |     |
| Hours - Describe: Some  |  |                    |        | (  |             |  |                              |          |         |     |
| [ x ] Other - Describe: for som<br>Scope of Work (Check all that ap |  | / IS Closed        |        | [v ] Pul   | Il Contains | and with Manet   | D                            | /        | l       |     |
| [ ] Demolition  | hry)                                   | [x] Renov          | vatio  |  | i-Enclosure | nent with Negati   | ve Pressure                  | w/ remo  | te snow | er  |
| $[ \ge 3 \text{ sf or } \ge 3 \text{ lf}$                           |  |                    |        | (x )Glov   | vebag Proce | edure  |                              |          |         |     |
| $[x] \ge 160 \text{ sf or } \ge 260 \text{ lf}$                     | Is                                     |                    |        | Non-   | Friable Pro | cedure   |                              | Abatem   | ent Tun |     |
|   | Location                               | is I               |        | Description of   |             |  | R                            | Abatem   | E       | E   |
|   | Used                                   |                    |        | Asbestos-Containing  |             | Amount   | E                            | R        | N       | N   |
|   | Solely<br>By Main                      |                    |        | Material (ACM)<br>(i.e., thermal systems   |             | (Specify   | M                            | E        | C       | C   |
|   | tenance/                               |                    | iı     | nsulation, surfacing, VA   | т           | SF or<br>LF)   | O<br>V                       | P<br>A   | A<br>P  | L   |
|   | Custodia                               | Section 10         |        | or other miscellaneous   |             | 111)   | A                            | I        | S       | S   |
|   | Staff (12                              | )                  |        | and the set of the control of the co |             |  | L                            | R        | Ū       | U   |
|   | Yes No                                 | NA                 |        |  |             |  |                              | 1        | L       | R   |
| Throughout/various locations  | I ES NO                                |                    | ing    |  |             | 203 lf   | x                            | +        |         | E   |
| "   | X                                      | fitti              |        |  |             | 156@   | X                            |          |         |     |
| "   | x                                      | VA'                | T/ma   | astic/flooring   |             | 5,480 sf   | x                            |          |         |     |
| Name of Desistered Wests Heales                                     | X X                                    |                    |        | plaster/coating  | 37 -        | 10,970 sf  | X                            |          |         |     |
| Name of Registered Waste Hauler<br>Atlas Disposal Options           | ID No 18                               | Vaste Haule<br>262 | CT .   | Cubic Yards<br>of Waste  |             | Registered Land<br>wn Resource R   |                              |          |         |     |
| City, State Dover, NJ   | 1 110 100 10                           |                    |        | Disposal Date  | City, Şta   |  |                              |          |         |     |
| Completed By (Print or Type)  | 1                                      | Title              | $\neg$ | Signature  |             | Tanytown   |                              | 0/12/12  | _       |     |
| Sharon Hendee   | 1                                      | Title Sec/ Tres    |        | 9  | Mu          | 149 /  |                              | J        |         |     |
| .*** actual work dates subject to ot                                | her trades                             | 11                 |        |  | 11.00       |  |                              |          |         |     |

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

| 4069   |  | 1                  |   |                           | OF ASBI<br>to NJAC    |  |   |                                |                         |             | RE                          | Cr         | ٠,             |                 |           |
|--|--|--------------------|---|---------------------------|-----------------------|--|---|--------------------------------|-------------------------|-------------|-----------------------------|------------|----------------|-----------------|-----------|
| Date of Notification (1)<br>10/12/2012                                 |  |                    |   | Name of PSE&C             | Building (            | Owner/C  | Operator                                | (2)                            |                         | 2           | RE<br>120CT                 | -          | 11/            | EL              | )         |
| Agencies Notified  | Type Notification  |                    |   | Street Ad<br>4000 H       | ddress<br>HADLEY      | ' ROAI   | D                                       |                                |                         | 45          | 3500                        | 7          | AM :           | ?: J.           |           |
| EPA DEP DOL  | Initial Amended Amendment  | #                  |   |                           | te, Zip Co<br>H PLAIN |  | D, NJ 0                                 | 7080                           |                         |             | E LICEA<br>ephone Nun       | Co         | NTO            |                 | 9         |
| X DOH X DCA  | Emergency (i   |                    | _   | Name of                   | Contact               |  | •                                       | 3 3 3 3 3 3                    |                         | Tel         | ephone Nun                  | bei        | G              | <del>'θ</del> ξ |           |
| X DCA  | Cancellation   |                    |   |                           | RD BAI                |  | ON                                      |                                |                         |             |                             |            |                |                 |           |
| Name of Facility Where A   |  | Place (3           | 3)  | PACII                     | LITTIME               | ZKWATI   | ON                                      |                                | of Facility             | 12)         |                             |            |                |                 |           |
| Street Address<br>WEST 63RD ST &                                       | RT. 440  |                    |   |                           |                       |  |   | ×                              |                         | private (   | er than K-12<br>& commercia |            | dings,         | home            | es,       |
| City (5)<br>BAYONNE  |  |                    |   |                           |                       |  |   | Squar<br>N/A                   | e Feet                  |             | Floors<br>/A                |            | ildg. A<br>N/A | ige             |           |
| County (6)<br>HUDSON   |  |                    |   | County C                  | Code (7)<br>JSE ONLY) |  |   |                                | nt Use (Pri<br>STATIO   |             | ng demolish                 | ed)        |                |                 |           |
| Name of Monitoring Firm<br>ENVIRONMENTAL                               | [B] - '4이(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(  | Owner (8)          | -   | ASCM<br>0045              |                       |  |   |                                | tement Co<br>SYSTEM     |             | (9)<br>AMERICA              |            |                |                 |           |
| Street Address<br>64 BROAD STREE                                       | Т  | 200000             |   |                           |                       |  |   | Addres                         | s<br>EHEAD              | AVE.        |                             |            |                |                 |           |
| City, State, Zip Code<br>MATAWAN, NJ 077                               | 747  |                    |   |                           |                       |  | 200000000000000000000000000000000000000 |                                | p Code<br>IVER, N       | J 0888      | 2                           |            |                |                 |           |
| Project Manager for Mon<br>TOM GEIGER                                  | itoring Firm   |                    |   | Telephor<br>732-29        | ne No.<br>00-2217     |  | The state of the state of               | none No<br>432-8               |                         |             | License No<br>01111         | Э.         |                |                 |           |
| Start Date (10)<br>10/30/12  |  | Schedule<br>10/30/ |   | npletion [                | Date (11)             |  |   | 15 15 TH                       | A Monitor               |             | AMERICA                     |            |                |                 |           |
| Occupancy Status Durin   | g Abatement (Check   | k Only Or          | ne)                                       |                           |                       |  |   | Addres                         | s<br>EHEAD              | ΔVE         |                             |            |                |                 |           |
| Facility Closed/Vac<br>Abatement Perform<br>Other – Describe:          | ed Outside of Norm   | al Facility        |   |                           |                       |  | City, S                                 | State, Zi                      |                         |             | 12                          |            |                |                 |           |
| Scope of Work (Check A   |  |                    | -   |                           |                       |  |   |                                |                         |             |                             |            |                |                 |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                                   | 30 300 50 70 70 F  | -                  | Renova<br>Demoli                          |                           |                       |  | 2                                       | Min<br>Glo                     | i-Enclosur<br>vebag Pro | e<br>cedure | Negative P                  |            |                | e               |           |
|  |  |                    | Locat                                     | 70.02000                  |                       |  |   |                                |                         |             |                             |            | Abate          | ement           |           |
| Locatior<br>Asbestos-Containing<br><u>TO BE AB</u><br>In Facil<br>(13) | Material (ACM)<br>ATED   | Use<br>Ma          | Norma<br>ed Sole<br>intena<br>todial (12) | ely by<br>ince/<br>Staff? |                       | tos Cont<br>thermal<br>surfa   |   | Material<br>s insula<br>NT, or |                         | (5          | mount<br>Specify<br>or LF)  | Removal    | Repair         | Encapsulate     | Enclosure |
|  | No   | N/A                |   |                           |                       |  |   |                                |                         |             |                             | Ф          |                |                 |           |
| OUTSI  | DE   | X                  | -   |                           | TRAN                  | ISITE  | PIPE                                    |                                |                         | 7 LF        | Х                           |            |                |                 |           |
|  |  | -                  |   | +                         |                       |  |   |                                |                         |             |                             |            | -              |                 |           |
|  |  |                    |   | +                         |                       | -3-202   |   |                                |                         |             |                             |            |                |                 |           |
| Name of Registered Was   | ste Hauler   |                    |   | JDEP W                    |                       | PROPERTY AND PROPE | Yards                                   |                                | Name of                 | Registe     | red Landfill                |            | L              |                 |           |
| WASTE MANAGEM  |  | lauler ID<br>1125  | No.                                       | of Was                    |                       |  | GROW                                    |                                | RTH                     |             |                             |            |                |                 |           |
| City, State<br>ELIZABETH, NJ   | and coduments  |                    |   |                           |                       | 10/31  |   |                                | City, Stat<br>MORR      | ISVILI      |                             |            |                | l ej            |           |
| Completed by CAROL RAIMO   | overseller store to the store t | Title<br>OFF       | ICE N                                     | IGR.                      |                       | S  | Signatur                                | 1/2                            | 0 x                     | ac          | Dat 10                      | e<br>/12/1 | 2              |                 |           |

# 00 0 8 Proj. #: MS 12-3h65

# State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

PEAR

|   |   |  |  |                                 | NECE   | IVEN                           |          |         |              |  |  |  |  |
|---|---|--|--|---------------------------------|--|--------------------------------|----------|---------|--------------|--|--|--|--|
| Date of Notification (1)                                      | Nam   | e of Building Ow                       | ner/Operator (2)                       |                                 | 2012 OCT 17  |                                |          |         |              |  |  |  |  |
| Agencies Notified   Type Notific                              | AF  | ARTMENT B                              | UILDING                                |                                 | -512 061 17  | AM 3: 20                       |          |         |              |  |  |  |  |
| Agencies Notified Type Notific                                | Stree   | et Address                             | I.                                     |                                 | ASBESTOS (   | <u> </u>                       |          |         |              |  |  |  |  |
| DEP Amended   | 16  | 2 PARK AVE                             | NUE                                    | 71.                             | & 1 1CC  | ONTROL                         |          |         |              |  |  |  |  |
| DOL Amendment   | #:   City,  | State, Zip Code                        |  |                                 |  | THE                            |          |         |              |  |  |  |  |
| L Emergend  |   | AST ORANGE                             | E, NJ                                  |                                 |  |                                |          |         |              |  |  |  |  |
| justificatio  | I HVAIDE  | e of Contact                           |  |                                 | Telephon   | e Number                       | H        |         |              |  |  |  |  |
| DCA Cancellati  | on JO   | OHN BAHR                               |  |                                 |  |                                |          |         |              |  |  |  |  |
|   | 30.3/2  | FAC                                    | CILITY INFORMA                         | TION                            |  |                                |          |         |              |  |  |  |  |
| Name of facility where abatemen                               | t is taking place   | (3)                                    | 7,00                                   |                                 | Type of Facility (4  |                                |          |         |              |  |  |  |  |
| APARTMENT BUILDING  |   |  |  |                                 |  | I (K - 12)                     | 10 N     | 20 B25  |              |  |  |  |  |
| Street Address  |   |  |  |                                 |  | apter 8 (Other<br>Private/Comm |          |         | Ü            |  |  |  |  |
| 162 PARK AVENUE   |   |  |  |                                 | Bldgs./l   | Homes, etc.                    |          |         |              |  |  |  |  |
| City (5)  | County (  | 6)                                     | T                                      | County Code (7)                 | Square Feet  | # of Floors                    | 8        | Bldg. A | Age          |  |  |  |  |
|   |   |  |  | (State use only)                | Current Use (Pri   | ior if being der               | nolish   | ned)    |              |  |  |  |  |
| EAST ORANGE  Name of Monitoring Firm Hired by                 | ESSEX   |  | ACOULL                                 | I November 1                    | Current Use (Prior if being demolished)  |                                |          |         |              |  |  |  |  |
| Turne of Morntolling 1 militario by                           | y blug. Owner (o  | ,                                      | ASCM No.                               | Name of Abatemen                |  |                                |          |         |              |  |  |  |  |
| Street Address  |   | D & S RESTORATION, INC. Street Address |  |                                 |  |                                |          |         |              |  |  |  |  |
|   |   | 20 California Ave.                     |  |                                 |  |                                |          |         |              |  |  |  |  |
| City, State, Zip Code   |   |  | ************************************** | City, State, Zip Code           | A Control of the Cont |                                |          |         |              |  |  |  |  |
|   |   | - 1                                    |  | Paterson, NJ 0                  | 7503   |                                |          |         |              |  |  |  |  |
| Project Manager for Monitoring Fire                           | m   | Phone Numb                             | per                                    | Telephone Number                |  | License Num                    | ber      |         |              |  |  |  |  |
| •   |   |  |  | 973-345-8020                    |  | 01169                          |          |         |              |  |  |  |  |
| Start Date (10)   | Sched. Co   | mpletion Date (1                       | 1)                                     | Name of OSHA Mor D & S Restorat |  |                                |          |         |              |  |  |  |  |
| 10/29/12  | 10/30/13  |  |  | Street Address                  | ion, mc.   |                                |          | -       | _            |  |  |  |  |
| Occupancy Status During Abateme                               | 100   |  |  | 20 California A                 | venue  |                                |          |         |              |  |  |  |  |
| ☐ Facility closed/vacated during ☐ Abatement performed outsid |   |  |  | City, State, Zip Code           |  |                                | _        |         |              |  |  |  |  |
| Describe:   |   | ty flours-                             |  | -                               |  |                                |          |         |              |  |  |  |  |
| Other-Describe: NORMAL  |   |  |  | Paterson, NJ 07                 | 7503   |                                |          |         |              |  |  |  |  |
| Scope of Work (check all that app                             |   |  |  |                                 | Full Containment w/r   | negative press                 | ure      |         |              |  |  |  |  |
|   | • 100 - 100 |  |  |                                 | Mini-enclosure<br>Glovebag procedure   | r                              |          |         |              |  |  |  |  |
| ≥160 sf or ≥260 lf  | Demolition  | <del></del>                            | 1                                      |                                 | Non-Exempted (*) a   | nd Non-friable                 | proce    | edure   | 1            |  |  |  |  |
| Location of<br>asbestos-containing                            | by maintenant   | mally used solely<br>ce/custodial      | 1                                      |                                 | A  | R                              | R        | E<br>n  | E            |  |  |  |  |
| material (acm) to be  | staff(12)   |  | material (AC                           | of asbestos-containing CM)      | Amount<br>(Specify SF  | or m                           | р        | С       | n            |  |  |  |  |
| abated in facility (13)                                       | Yes   | No N/A                                 |  |                                 | LF)  | v                              | i        | a<br>p  | Ľ            |  |  |  |  |
| BASEMENT LAUNDRY RM, MAIL RM, APT.                            |   | X                                      | PIPE INSULA                            | ATION                           | 367 L FT   | e                              | $\Gamma$ |         | <del> </del> |  |  |  |  |
| LAUNDRY, MAIL RM, APT., LEFT WING BSMNT.                      |   | X                                      | PIPE INSULA                            |                                 |  |                                | 뉘        | H       | 卄            |  |  |  |  |
| BOILER RM RIGHT WING BSMTS.,                                  |   | X                                      | PIPE INSULA                            | ATION                           |  | X                              | 計        | H       | 計            |  |  |  |  |
| SUPER STORAGE RM.   |   | X                                      | PIPE INSULA                            | ATION                           | 2,200 L FT   |                                | 허        |         |              |  |  |  |  |
| BOILER RM. BASEMENT   |   |  |  | IK INSULATION                   | 180 SQ FT  |                                |          |         |              |  |  |  |  |
| Registered Waste Hauler D & S RESTORATION, INC.               | NJDEP H:<br>13506   |  | ubic Yards of Wa                       |                                 | Landfill<br>RESOURCE REC   | OVERV                          |          |         |              |  |  |  |  |
| City, State   |   | Disposal D                             |  | City, State                     | ALDOORCE REC   | OVERT                          |          |         |              |  |  |  |  |
| PATERSON, NJ 07503  |   | VARIO                                  | US DATES                               | TULLYTOWN,                      | PA   | 1                              |          |         |              |  |  |  |  |
| Completed by (Print or Type) BOGDAN JOLDZIC                   | Title<br>PRESIDENT  |  | Signature                              |                                 |  | Date                           |          |         |              |  |  |  |  |
| ASB-41  |   |  | s licensure exem                       | oted activities.                |  | 10/11/12                       |          |         |              |  |  |  |  |
|   |   |  |  |                                 |  |                                |          |         |              |  |  |  |  |



#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

### RECEIVED

| Date of Notification (1)<br>10-12-2012                           |                              |                     |                       | Name of Building Owner/Operator (2) Kennedy University Hospital |                |   |  |                                |                     | 2012 OCT 17 AM 3: 28 |          |                |             |          |  |  |
|--|------------------------------|---------------------|-----------------------|---|----------------|---|--|--------------------------------|---------------------|----------------------|----------|----------------|-------------|----------|--|--|
|  | Tuno Notification            |                     |                       |   |                | 31                                      |  |                                | 112 00              | 11/                  | A        | M 3:           | 28          |          |  |  |
| Agencies Notified  EPA   | Type Notification  X Initial |                     |                       | Street Ac<br>2201 C   | chapel Hill Ca | mpus                                    |  | 1                              |                     |                      |          |                |             |          |  |  |
| EPA DEP DOL  | Amended Amendment            | #                   |                       | City, State, Zip Code<br>Cherry Hill, NJ 08002                  |                |   |  |                                |                     | SBES<br>& L          | ICE      | 13             | NG          | UĽ.      |  |  |
|  | Emergency                    | (including          |                       |   | Contact        |   |  |                                | Tele                | ephone N             | Number   | -              |             |          |  |  |
| DOH DCA  | justification) Cancellation  |                     |                       |   | Peters         |   |  |                                | *                   |                      |          |                |             |          |  |  |
|  |                              |                     |                       | FACII   | LITY INFORMAT  | ION                                     |  |                                |                     |                      |          |                |             |          |  |  |
| Name of Facility Where A<br>Kennedy University                   |                              | g Place (3          | )                     |   |                |   | p  | of Facility (4<br>School (K-12 | 8                   |                      |          |                |             |          |  |  |
| Street Address   |                              |                     |                       | A   |                |   |  | Subchapter                     | (Oth                |                      |          |                |             |          |  |  |
| 2201 Chapel Hill Ca  | ampus                        |                     |                       |   |                |   |  | Other (i.e. pr                 | ivate 8             | & comme              | rcial bu | ldin           | gs, hom     | ies,     |  |  |
| City (5)   | •                            |                     |                       |   |                |   |  | e Feet                         | # of                | Floors               |          |                | . Age       |          |  |  |
| Cherry Hill, NJ 0800   | 02                           |                     | County                | 20do (7)  | *              | 250,0                                   |  | r if boi                       | 5                   |                      | 52       |                |             |          |  |  |
| County (6)<br>Camden   |                              | County C            | JOGE (7)<br>JSE ONLY) |   | Hosp           | nt Use (Prio<br>pital                   | r it bei                                 | ng aemoi                       | iisnea)             |                      |          |                |             |          |  |  |
| Name of Monitoring Firm<br>Health & Safety Sei                   |                              | ASCM<br>11          |                       |   |                | ement Cont<br>Managem                   |  |                                | LLC                 |                      |          |                |             |          |  |  |
| Street Address   |                              | 1                   | •                     | Street  | Addres         | s                                       |  |                                |                     |                      |          |                |             |          |  |  |
| 318 12th Street, LL  | С                            |                     |                       |   | uvk = 10 m     |   |  | Iton Ave,                      | Suite               | 202                  |          |                |             |          |  |  |
| City, State, Zip Code<br>Hammonton, NJ 08                        | 037                          |                     |                       |   |                |   | rty, State, Zip Code<br>renton, NJ 08619 |                                |                     |                      |          |                |             |          |  |  |
| Project Manager for Mon<br>Mr. Jim Proctor                       |                              | Telephor            | ne No.<br>14-8850     | Telephone No. License No. 01185                                 |                |   |  |                                |                     |                      |          |                |             |          |  |  |
| Start Date (10)<br>10/29/2012                                    |                              | Schedule<br>11/19/2 |                       | npletion (  | Date (11)      | 100000000000000000000000000000000000000 |  | A Monitor<br>onmental          | l aho               | ratories             | LIC      |                |             |          |  |  |
| Occupancy Status During  | a Abatement (Cher            |                     |                       |   |                |   | Addres                                   |                                | Labo                |                      | , LLO    |                |             |          |  |  |
|  |                              |                     | 200 - 100 - 1         |   |                |   |  | e 22 Wes                       | t                   |                      |          |                |             |          |  |  |
| Facility Closed/Vaci<br>Abatement Perform<br>Other – Describe: 2 | ed Outside of Norn           | nal Facility        |                       |   |                | State, Zij                              |  |                                |                     |                      |          | d              |             |          |  |  |
| Scope of Work (Check A   |                              |                     |                       |   |                | n NJ (                                  | 07083                                    |                                |                     |                      | _        |                |             |          |  |  |
| ≥3 sf or ≥3 lf   | ii mat Appiy)                | × F                 | enova                 | tion  |                | Σ                                       | 5 Full                                   | Containme                      | nt with             | Negative             | e Press  | ure            |             |          |  |  |
| ≥160 sf or ≥260 lf   |                              |                     | emolit                |   |                |   | Mini-Enclosure Glovebag Procedure        |                                |                     |                      |          |                |             |          |  |  |
|  |                              |                     |                       |   |                |   | _ Non                                    | -Exempted                      | d (*) and Non-Friab |                      |          | Abatement      |             |          |  |  |
| electric established   |                              |                     | Locati<br>Iormal      |   |                |   |  |                                |                     |                      |          | Abatem<br>Type |             | "        |  |  |
| Location<br>Asbestos-Containing                                  |                              | Use                 | d Sole                | ly by   | Asbestos Con   | escription<br>taining N                 |  | (ACM)                          | Α                   | mount                |          | T              | m           |          |  |  |
| TO BE ABA  |                              |                     | intenar<br>odial S    |   | (i.e. therma   | I system                                |  | tion,                          |                     | pecify<br>or LF)     | Ren      |                | ncal        | End      |  |  |
| (13)   | ity                          |                     | (12)                  |   |                | miscellar                               |  |                                | 31                  | OI LI )              | Remova   | 1              | Encapsulate | Endosure |  |  |
|  |                              | Yes                 | No                    | N/A   |                |   |  |                                |                     |                      |          |                | te          | е        |  |  |
| Same Day S   |                              |                     | Х                     |   | Spra           | y on C                                  | eiling                                   |                                |                     | 51SF                 | Х        |                |             |          |  |  |
| Same Day S   | Surgery                      |                     | X                     |   | Plas           | ster Ce                                 | iling                                    |                                | 3,0                 | )76SF                | Х        |                |             |          |  |  |
| Same Day S   |                              |                     | X                     |   |                | Tile & I                                |  |                                |                     | 550SF                | Х        |                |             |          |  |  |
| Records F  |                              |                     | X                     |   |                | Tile & I                                | Mastic                                   | Garage and the second          |                     | 60SF                 | X        | L              |             |          |  |  |
| Name of Registered Was   | ste Hauler                   |                     |                       | IJDEP W<br>lauler ID  |                | : Yards                                 |  | Name of F                      |                     |                      |          |                |             |          |  |  |
| Newark Carting   |                              |                     |                       | 04509   | TBI            | )                                       |  | Waste N                        |                     | gement               |          |                |             |          |  |  |
| City, State<br>Newark, NJ  |                              |                     | •                     | ·   | Dispo<br>TBD   | sal Date                                |  | City, State<br>/Morrisvi       |                     | Α                    |          |                |             |          |  |  |
| Completed by   |                              | Title               |                       |   |                | Signature   Date                        |  |                                |                     | 10                   |          |                |             |          |  |  |
| Brian Haney  |                              | Presi               | uent                  |   |                | 7                                       | 149                                      | ~~                             | ~                   | `                    | 10/12    | 20             | 12          |          |  |  |



### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

| 10  |                |   | CATION            | ate of Nev<br>I OF ASBI<br>to NJAC | ESTOS A             | ABATE                                      | MENT<br>))  | F.              | PECE<br>TIT                   | 1//       |                   |      |           |  |  |
|---|----------------|---|-------------------|------------------------------------|---------------------|--|---|-----------------|-------------------------------|-----------|-------------------|------|-----------|--|--|
| Date of Notification (1)<br>10-12-2012  |                |   |                   | f Building o                       |                     |  | (2)   | 41200           | 717                           | Ass       | - 5.              |      |           |  |  |
| Agencies Notified Type Notification   |                |   | Street A<br>435 H | ddress<br>urfville C               | rosske              | ys Ro                                      | ad 4  | BES             | OS O                          | 419 5     | : 2               | 7    |           |  |  |
| DEP Amended Amendment   |                | _   |                   | ate, Zip Co<br>rsville, N          |                     | 2  |   | 4 [/            | OS COENSI                     | MIR<br>VG | OL                | 2    |           |  |  |
| Emergency justification)  DCA  Cancellation   | -              |   |                   | f Contact<br>ou Bergd              | oll                 | · · · · · · · · · · · · · · · · · · ·      |   | Te              | lephone N                     | lumber    |                   |      |           |  |  |
|   | - DI #         |   | FAC               | LITY INFO                          | ORMATIO             | ON   |   |                 |                               |           |                   |      |           |  |  |
| Name of Facility Where Abatement is Takin<br>Kennedy University Hospital<br>Street Address                        | g Place (      | 3)  |                   |                                    |                     |  | Type of Facility School (R  | (-12)           | ner than K                    | -12)      |                   |      |           |  |  |
| 435 Hurfville Crosskeys Road  |                |   |                   |                                    |                     |  | Other (i.e etc.)  | . private       | & comme                       | rcial bu  |                   |      | ies,      |  |  |
| City (5) Turnersville, NJ 08012   |                |   |                   |                                    |                     |  | Square Feet<br>250,000  | 5               | of Floors                     |           | 11<br>11          | Age  |           |  |  |
| County (6)<br>Gloucester  |                |   |                   | Code (7)<br>USE ONLY)              |                     |  | Current Use (F<br>Hospital  | rior if be      | ing demol                     | ished)    |                   |      |           |  |  |
| Name of Monitoring Firm Hired by Building Health & Safety Services  | Owner (8)      | a   | ASCN<br>11        |                                    |                     |  | of Abatement Cource Manag   |                 |                               | LC        |                   |      |           |  |  |
| Street Address<br>318 12th Street, LLC  |                |   |                   |                                    |                     |  | eet Address<br>15 Hamilton Ave, Suite 202   |                 |                               |           |                   |      |           |  |  |
| City, State, Zip Code<br>Hammonton, NJ 08037  |                |   |                   |                                    |                     | City, State, Zip Code<br>Trenton, NJ 08619 |   |                 |                               |           |                   |      |           |  |  |
| Project Manager for Monitoring Firm Mr. Jim Proctor   |                | T   | Telepho<br>609-70 | ne No.<br>04-8850                  |                     |  | one No.<br>977-6159   |                 | License<br>01185              |           |                   |      |           |  |  |
| Start Date (10)<br>10/23/2012   | Schedul        | ed Con  |                   | Date (11)                          |                     | Name                                       | of OSHA Monito  |                 |                               |           |                   |      |           |  |  |
| Occupancy Status During Abatement (Chec   |                |   | 110               |                                    |                     | Street                                     | Address<br>Route 22 W   |                 |                               | ,         |                   |      |           |  |  |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 2nd Shift 4:30pm to | al Facility    |   |                   |                                    |                     | City, S                                    | tate, Zip Code<br>n NJ 07083  |                 |                               |           |                   |      |           |  |  |
| Scope of Work (Check All That Apply)  |                |   |                   |                                    |                     | Office                                     | 1110 07000  |                 |                               |           |                   |      |           |  |  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf  | -              | Renova<br>Demolit                               |                   |                                    |                     | person                                     | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur |                 |                               |           |                   | ıre  |           |  |  |
|   |                | Locati  |                   |                                    |                     |  |   | 1               |                               |           | Abatement<br>Type |      |           |  |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                                      | Use<br>Ma      | Normal<br>d Sole<br>intenai<br>todial S<br>(12) | ly by<br>nce/     |                                    | os Conta<br>thermal | systems<br>ing, VA                         | laterial (ACM)<br>insulation,<br>T, or  | (               | Amount<br>Specify<br>F or LF) | Remova    | Repair            | _ m  | Enclosure |  |  |
| a 6   | Yes            | No  | N/A               |                                    |                     |  |   |                 |                               | <u>a</u>  | -                 | late | le        |  |  |
| Laundry Room  |                | X   |                   | . 1                                | Floor T             | ile & N                                    | /lastic   | 1               | 50 SF                         | х         |                   |      |           |  |  |
|   | -              |   |                   |                                    |                     |  |   | -               |                               | +         | $\vdash$          | -    | $\vdash$  |  |  |
|   | -              |   |                   |                                    |                     |  |   | -               |                               |           | +                 |      | +         |  |  |
| Name of Registered Waste Hauler   |                | N   | JDEP W            | aste                               | Cubic \             | /ards                                      | Name o  | of Registe      | ered Land                     | fill      | _                 |      |           |  |  |
| Newark Carting  |                |   | auler ID<br>04509 | No.                                | of Was              |  | Waste   | Mana            | fanagement                    |           |                   |      |           |  |  |
| City, State<br>Newark, NJ   |                |   | Disposal Date     |                                    |                     |  | City, State Morrisville, PA   |                 |                               |           |                   |      |           |  |  |
| Completed by<br>Brian Haney   | Title<br>Presi | dent  | Signature         |                                    |                     |  |   | Date 10/12/2012 |                               |           |                   |      |           |  |  |

40 check

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

| Date of Notification (1)<br>October 12, 2012                      |                                       |                                 | T                |                                       | f Building<br>NAME     |   |                        | (2)   |   | 201                | 20CT             | 17    | 7 A              | И а    |             |           |
|---|---------------------------------------|---------------------------------|------------------|---------------------------------------|------------------------|---|------------------------|---|---|--------------------|------------------|-------|------------------|--------|-------------|-----------|
|   | Type Notification                     |                                 |                  |                                       | eaneck l               |   |                        |   | I I   | ASC                | EST              | OS    | Cn:              | 13.    | ₹6          |           |
|   | Amended<br>Amendment                  |                                 | _                |                                       | ate, Zip Co<br>ck, New |   | y 0766                 | 66  |   |                    | * LIC            | EN    | SIA              | G R    | OL.         |           |
| ☑ DOH DCA   | Emergency justification) Cancellation | 10 000 000 000 00 <del>00</del> |                  | Name of Contact<br>Michael J. D'Amico |                        |   |                        |   |   |                    | ephone           | Num   | ber              |        |             |           |
| Name of Facility Where A<br>Holy Name Hospital                    |                                       | g Place (3                      | )                | FACI                                  | LITY INFO              | ORMAT   | ION                    | Type of Facility (4)  |   |                    |                  |       |                  |        |             |           |
| Street Address<br>718 Teaneck Road                                |                                       |                                 |                  |                                       |                        | -   |                        | School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) |   |                    |                  |       |                  |        |             | es,       |
| City (5)<br>Teaneck,  |                                       |                                 |                  |                                       |                        |   |                        | _   | re Feet   | # o                | f Floors         |       | 100              | ldg. A | ge          |           |
| County (6)<br>Bergen  |                                       |                                 |                  |                                       | Code (7)<br>USE ONLY   | )   |                        |   | ent Use (Pri  |                    | _                | olish | ed)              |        |             | 220       |
| Name of Monitoring Firm<br>GZA- GEO ENVIRO                        |                                       | ASCN                            | /I No.           |                                       |                        |   | atement Co             |   | CONTRACTOR OF THE PARTY OF THE |                    |                  |       |                  |        |             |           |
| Street Address<br>55 LANE ROAD                                    |                                       | 1                               |                  |                                       |                        | Addre   | ss<br>TY AVE.          |   |   |                    |                  |       |                  |        |             |           |
| City, State, Zip Code<br>FAIRFIELD,NJ 0700                        |                                       |                                 |                  |                                       |                        | y, State, Zip Code<br>LIFTON, NEW JERSEY 07011-1802 |                        |   |   |                    |                  |       |                  |        |             |           |
| Project Manager for Monit<br>Mr. Benjamin Sallen                  |                                       | Telepho                         | ne No.           |                                       | 12000000               | hone N<br>478-4                                     |                        |   | Licens<br>0072  |                    | ).               |       |                  |        |             |           |
| Start Date (10) October 12, 2012                                  |                                       | Schedule                        |                  |                                       |                        |   |                        |   | HA Monitor  |                    | ON IN            | с.    |                  |        |             |           |
| Occupancy Status During   | A (5)                                 | 87.6                            | - 5              | 164                                   |                        |   |                        | Addre   | ss<br>Y AVE.  |                    |                  |       |                  |        |             |           |
| Facility Closed/Vaca<br>Abatement Performe<br>Other – Describe: S | d Outside of Norn                     | nal Facility                    | Hours            | ırs City, St                          |                        |   |                        |   | ip Code<br>, NEW JE   | ERSE               | Y 0701           | 1-1   | 802              |        |             |           |
| Scope of Work (Check All  | That Apply)                           | п.                              |                  | vation                                |                        |   |                        |   |   |                    | N1               |       |                  | (CO)   |             |           |
| ≥160 sf or ≥260 lf  |                                       |                                 | emolit           | tion                                  |                        |   |                        |   | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  |                    |                  |       |                  |        |             |           |
|   |                                       | 7070                            | Locati           | T 10 (5)                              |                        |   | · ·                    |   | ii-Exemple  | d (*) and Non-Fria |                  |       | Abatemer<br>Type |        |             |           |
| Location Asbestos-Containing I TO BE ABA                          | Material (ACM)                        | Use<br>Mai                      | d Sole<br>ntenai | ly by<br>nce/                         |                        |   |                        | /lateria  | I (ACM)   |                    | mount            |       | <sub>Z</sub>     |        |             | ū         |
| In Facilit<br>(13)  | у                                     |                                 | odial 9<br>(12)  | starr?                                |                        | surfa   | cing, VA<br>niscellar  | T, or   |   |                    | or LF)           |       | Removal          | Repair | Encapsulate | Enclosure |
| Outside Stea  | m Pipe                                | Yes                             | No               | N/A<br>X                              | Pip                    | e Insu  | lation                 | clean   | -up   | 8                  | 30LF             |       | x                |        | TO .        |           |
|   |                                       |                                 |                  |                                       |                        |   |                        |   |   |                    |                  |       |                  |        |             |           |
|   |                                       |                                 |                  |                                       |                        |   |                        |   |   |                    | -                |       |                  |        |             |           |
| Name of Registered Wast   |                                       |                                 |                  | JDEP Wauler ID                        |                        | Cubic<br>of Wa                                      | Yards<br>ste           | ***   | Name of   |                    |                  |       |                  |        |             |           |
| Slavco Construction I   | TIC.                                  |                                 | 18               | 18508                                 |                        |   |                        |   | G.R.O.  |                    | ANDF             | ILL   |                  |        |             | _         |
| CLIFTON , NEW JEF   |                                       | Disposal Date<br>TBD            |                  |                                       |                        |   | MORR                   |   | E, PA   |                    |                  |       |                  |        |             |           |
| Completed by<br>Vivian D. Jurcevic                                |                                       | Office                          | Mgr              |                                       |                        | 9   | Signature Viewan & Tun |   |   |                    | Date<br>10/12/12 |       |                  |        |             |           |

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

|   |                        | NOTIF<br>(P                                | CATION   | OF ASE                | BESTOS<br>8:60 an             | ABATE<br>d 12:12   | MENT F  | REC              | EIV                       | ない            | . / 5        | 2/ 1          |           |  |
|---|------------------------|--|--|-----------------------|-------------------------------|--|---|------------------|---------------------------|---------------|--------------|---------------|-----------|--|
| Date of Notification (1)<br>October 1, 2012   |                        |  | Name of<br>HOLY  | of Building           | Owner/6                       | Operator<br>ITAL   | (2) 2012 (  | DCT -            | Ely.                      | - D           | 400          | 301           | ス         |  |
| Agencies Notified Type Notification   |                        |  |  | Address               | Dood                          |  |   |                  | - 00 8                    | 80            | 5            | 8             | 11        |  |
| X EPA X Initial Amended Amendmen  | Ē.                     | ,  |  | eaneck<br>ate, Zip C  |                               |  | ASBE  | STOS             | CON                       | Ten           | <u> </u>     | _             |           |  |
| DOL Amendmen Emergency  |                        |  | The state of the s | eck, Nev              |                               | y 0766   | 66  | LICE             | NSING                     | THE PERSON    | 'n           |               | 100       |  |
| DOH justification   | (                      |  | -30  | of Contact            |                               |  |   | Tel              | ephone N                  | lumber        | 6            | 垩             | -         |  |
| DCA Cancellation  | 1                      |  |  | el J. D'A             |                               | ION  |   |                  |                           | 14-           | =            | بب            |           |  |
| Name of Facility Where Abatement is Takin<br>HOLY NAME HOSPITAL   | ng Place (3            | 3)   | 140  | CITT HE               | OKWAT                         | ION  | Type of Facility  School (K                             |                  |                           |               | ROL          | 0             | 5         |  |
| Street Address<br>718 Teaneck Road  |                        |  |  | -                     |                               |  | er 8 (Oth   | er than K        | -12)<br>rcial bu          | ildings       | s, hom       | es,           |           |  |
| City (5)<br>Teaneck,  |                        |  |  |                       |                               |  | etc.)<br>Square Feet<br>20,000                          | # of             | Floors                    |               | Bldg.<br>60+ | Age           |           |  |
| County (6)<br>Bergen  |                        |  | County Code (7)<br>(STATE USE ONLY)  |                       |                               |  | Current Use (P<br>Steam Room                            |                  | ng demol                  | lished)       |              |               |           |  |
| Name of Monitoring Firm Hired by Building C S A   | Owner (8)              |  | ASCN   | /I No.                |                               |  | of Abatement Co   |                  |                           |               |              |               |           |  |
| Street Address<br>26 Lorenzo Court  |                        |  |  |                       |                               |  | Address<br>GETTY AVE.                                   | -                |                           |               |              |               |           |  |
| City, State, Zip Code<br>Matawan, New Jersey 07747  |                        |  |  |                       |                               |  | City, State, Zip Code<br>CLIFTON, NEW JERSEY 07011-1802 |                  |                           |               |              |               |           |  |
| Project Manager for Monitoring Firm<br>Michael Chain  |                        | Telepho<br>732-92                          | ne No.<br>219220   |                       | Teleph                        | one No.<br>178-4848  |   | License<br>00724 | No.                       |               | i.           |               |           |  |
| Start Date (10) October 12,2012   | Schedule               | ed Con                                     | npletion   | Date (11)             |                               | Name   | of OSHA Monitor   |                  |                           |               |              |               |           |  |
| Occupancy Status During Abatement (Chec   |                        |  |  |                       |                               |  | Address   | 100110           |                           | •             |              |               |           |  |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 4:00Pm til Finish | Period of A            | baten<br>Hours                             | nent<br>S  | City, State, Zip Code |                               |  |   |                  |                           |               |              |               |           |  |
| Scope of Work (Check All That Apply)  |                        |  |  |                       |                               | CLIF   | TON, NEW J  | ERSEY            | 07011                     | -1802         |              |               |           |  |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if   | NAME OF TAXABLE PARTY. | enova<br>emolit                            |  | ti .                  |                               | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure |   |                  |                           |               |              |               |           |  |
|   | 1.000                  | Locati                                     | 500 cm   |                       |                               | 7  |   |                  |                           |               | Abatemer     |               |           |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                                  | Use<br>Mai             | lormalid Sole<br>ntenar<br>odial S<br>(12) | ly by  | Asbes<br>(i.e.        | tos Cont<br>thermal<br>surfac | scription<br>aining M<br>systems<br>sing, VAT<br>niscelland  | aterial (ACM)<br>insulation,<br>, or                    | (S               | nount<br>pecify<br>or LF) | Removal       | Repair       | e Encapsulate | Enclosure |  |
| Outside Steam Pipe  | Yes                    | No   | N/A  | Dia                   | a lasul                       | -4: C  |   |                  |                           | L             | _            | ate           | œ.        |  |
| Outside Steam Fipe  | +                      |  | X  | Pip                   | e insui                       | ation C  | lean-up   | 80               | OLF                       | Х             | _            |               |           |  |
|   |                        |  |  |                       |                               |  | - 11  |                  |                           | -             |              |               | $\dashv$  |  |
| Name of Registered Waste Hauler   |                        | l N  | JDEP W   | aste                  | Cubic \                       | Yards  | Name of   | Register         | ed I andfi                | ill           |              | 7.            |           |  |
| Slavco Construction Inc.  |                        | Ha   | auler ID I<br>8508   | CONTRACT.             | of Was                        | 0.000 mm   | G.R.O.  |                  |                           |               |              |               |           |  |
| City, State<br>CLIFTON , NEW JERSEY 07011-18  | 302                    |  |  |                       | Disposi<br>TBD                | al Date  | City, Stat  |                  | <br>E, PA                 |               |              |               | $\exists$ |  |
| Completed by<br>Vivian D. Jurcevic  | Title<br>Office        | Mgr.                                       |  | (V                    | 1 13                          | gnature  | n n   | es Cu            | D                         | ate<br>Octobe | r 1,2        | 012           |           |  |
|   |                        | _  |  |                       |                               | mu   | MINITA  | JULL             | M                         |               |              | -82.0 mm      |           |  |

\* Do not use this form for asbestos licensure exempted activities.

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

MO# 20142496563

**MAY 11** 

|                                   |                   |            |                    |             |                                       |  |  | - 'AC)                 | CIL      |                            |             |                   |  |  |
|-----------------------------------|-------------------|------------|--------------------|-------------|---------------------------------------|--|--|------------------------|----------|----------------------------|-------------|-------------------|--|--|
| Date of Notification (1)          |                   |            |                    | Name        | of Buildin                            | g Owner/Operator (2                          | 2)   | 2012 OCT 17<br>38ESTOS | -14      | En                         |             |                   |  |  |
| 10 /                              | 12 1 1            | 2          |                    | Cong        | regation A                            | Ahavath Israel                               |  |                        |          |                            |             |                   |  |  |
| Agencies Notified                 | Type Notification | n          |                    | Stree       | t Address                             | ,  | A  | 14 Sam                 | AM :     | )                          |             |                   |  |  |
| <b>⊠</b> EPA                      |                   |            | 97                 | 9 Cut       | ler Street                            |  |  | STOS                   | . 0      | . </td <td></td> <td></td> |             |                   |  |  |
| ☑ DOLWD /                         | Amended Amendment | #          | 20                 | City,       | State, Zip                            | Code   |  | LICENC                 | DHITA    |                            |             |                   |  |  |
| □ DCA                             | ☐ Emergency (     |            |                    | Morri       | stown, N                              | J 07960                                      |  | - LNSI                 | NO K     | OL.                        |             |                   |  |  |
| (NJAC 5:23-8)                     | justification)    |            | 2                  | Name        | of Contac                             | pt .   | A 38ESTOS CONTROL Telephone Number   |                        |          |                            |             |                   |  |  |
|                                   | ☐ Cancellation    |            |                    | Telba       | um Ezra                               |  |  | L                      | -        |                            |             |                   |  |  |
|                                   |                   |            |                    | FA          | CILITY II                             | NFORMATION                                   |  |                        |          |                            |             |                   |  |  |
| Name of Facility Where            | Abatement is Taki | ng Place   | (3)                |             |                                       |  | Type of Facility   | y (4)                  |          | -                          |             |                   |  |  |
| Residence                         |                   |            |                    |             |                                       |  | School (K-   |                        |          |                            |             |                   |  |  |
| Street Address                    |                   |            |                    |             |                                       |  | Subchapter   | 8 (Other than K-1      | 2)       |                            |             |                   |  |  |
| 9 Cutler Street                   |                   |            |                    |             |                                       |  | homes, etc   | private and comm       | ercial b | uildin                     | gs.         |                   |  |  |
| City (5)                          |                   |            |                    |             |                                       |  | Square Feet  |                        |          |                            |             |                   |  |  |
| Morristown, NJ 07960              |                   |            |                    |             |                                       |  | 90.01 to 100.00 to 1 |                        | -        |                            |             |                   |  |  |
| County (6)                        |                   |            |                    | Cour        | nty Code (7)                          | (STATE USE ONLY)                             | Current Use (F   | Prior if being demo    | lished)  | -                          |             |                   |  |  |
| Morris                            |                   |            |                    |             |                                       |  | 32.5   |                        |          |                            |             |                   |  |  |
| Name of Monitoring Firm           | Hired by Building | Owner      | (8)                | ASCM        | No.                                   | Name of Abateme                              | ent Contractor (   | 9)                     |          |                            |             |                   |  |  |
|                                   |                   |            |                    |             |                                       | Gr Tech LLC                                  | ,  | ,                      |          |                            |             |                   |  |  |
| Street Address                    |                   |            |                    |             |                                       | Street Address                               |  |                        |          |                            |             |                   |  |  |
|                                   |                   |            |                    |             |                                       | 576 Valley Rd #                              | 283  |                        |          |                            |             |                   |  |  |
| City, State, Zip Code             |                   |            |                    |             |                                       | City, State, Zip Co                          |  |                        |          |                            |             | -                 |  |  |
|                                   |                   |            |                    |             |                                       | Wayne, NJ 0747                               | 70   |                        |          |                            |             |                   |  |  |
| Project Manager for Mon           | itoring Firm      |            | Tele               | phone       | No.                                   | Telephone No. License No.                    |  |                        |          |                            |             |                   |  |  |
|                                   |                   |            |                    |             |                                       | 973-638-1777                                 |  | 01127                  |          |                            |             |                   |  |  |
| Start Date (10)                   | Sch               | eduled C   |                    |             | 170 750                               | Name of OSHA M                               | lonitor  |                        |          |                            | -           |                   |  |  |
| 10 /21 /                          | 12 _              | 10         | _ 23               | 1           | 12                                    | Envirovision Co                              | nsultants Inc  |                        |          |                            |             |                   |  |  |
| Occupancy Status During           | Abatement (Che    | ck only    | one)               |             | · · · · · · · · · · · · · · · · · · · | Street Address                               | iisuituits,iiic  |                        |          |                            | -           |                   |  |  |
| □ Facility Closed/Vacate          |                   |            |                    |             |                                       | 20-21 Wagaraw                                | Road Bldg #  | 344                    |          |                            |             | - 8               |  |  |
| Abatement Performed               | Outside of Norm   | al Facilit | y Hou              | s - Des     | scribe                                | City, State, Zip Co                          | nde  | 34A                    |          |                            |             |                   |  |  |
| Time of Abatement: _              | AIVI              | PM/        | PIVI_              |             | _AM                                   | Fair Lawn, NJ 0                              |  |                        |          |                            |             |                   |  |  |
| Scope of Work (Check all          | that apply)       |            |                    |             |                                       | Tun Bawn, 143 0                              | 7410   |                        |          |                            |             |                   |  |  |
| ≥ 3 sf or >3 If                   |                   | <b>S</b> - |                    |             |                                       | Full Cont                                    | ainment with Ne  | egative Pressure       |          |                            |             |                   |  |  |
| _ ≥ 160 sf or ≥260 lf             |                   | IXI Re     | novati<br>emolitic | on<br>on    |                                       | Mini-Encl                                    | losure<br>Procedure  |                        |          |                            |             | 1                 |  |  |
|                                   |                   |            |                    |             |                                       | Glovebag<br>Non-Exe                          | mpted (*) and N  | on-Friable Proced      | lure     |                            |             | į                 |  |  |
|                                   |                   |            | Locat              |             |                                       |  |  |                        |          | atem                       | ent T       | vne               |  |  |
| Location<br>Asbestos-Containing I |                   |            | Norma<br>ed Sole   |             |                                       | Description o                                |  |                        |          | _                          | T           | 1                 |  |  |
| TO BE ABA                         |                   | Ma         | intena             | nce/        |                                       | stos Containing Mat<br>e., thermal systems i |  | Amount                 | em       | Repair                     | nca         | incl              |  |  |
| IN Facili                         | ty                | Cus        | todial<br>(12)     | Staff?      | (                                     | surfacing, VAT,                              | or   | (Specify<br>SIF or LF) | Removal  | <u>a</u> .                 | Encapsulate | Enclosure         |  |  |
| (13)                              |                   |            | T                  | 1           | 1                                     | other miscellaned                            | ous)   |                        | 1 20     |                            | late        | e e               |  |  |
|                                   |                   | Yes        | No                 | N/A         |                                       |  |  |                        |          |                            |             | $\sqcup$          |  |  |
| Basement                          |                   |            |                    | $\boxtimes$ | Pipe insi                             | ulation                                      |  | 220 LF                 | X        |                            |             |                   |  |  |
|                                   |                   |            |                    |             |                                       | 50   |  |                        |          |                            | П           |                   |  |  |
|                                   |                   | Ī          |                    |             |                                       |  |  |                        | -   -    | H                          |             |                   |  |  |
|                                   |                   | 무          |                    |             |                                       |  |  |                        | _ ∐      | Ш                          | Ш           |                   |  |  |
| <del></del>                       |                   |            |                    | Ш           |                                       |  | -  |                        |          |                            |             |                   |  |  |
| Name of Registered Was            | te Hauler         |            | NJI                | EP Waste    | Hauler ID No.                         | Cubic Yards of Waste                         | Name of Regi   | stered _andfill        |          |                            |             | American Services |  |  |
| Gr Tech LLC                       |                   |            | (                  | 03378       | 35                                    | TBD  | T.R.R.F. Inc   |                        |          |                            |             | 3                 |  |  |
| City, State                       |                   |            | -                  |             |                                       | Disposal Date                                | City, State  |                        |          |                            | T-ACTION    | 1                 |  |  |
| Wayne, NJ 07470                   |                   |            |                    |             |                                       | TBD  | Tullytown, P   | Α                      |          |                            |             | Į.                |  |  |
| Completed By (Print or Ty         | /pe) Tit          | le         |                    |             |                                       | Signature //                                 | Λ  | 0 . [                  | ate      |                            |             |                   |  |  |
| N.Jevtic                          | Ov                | vner       |                    |             |                                       | He.  | whe Ne   |                        |          | 112                        |             |                   |  |  |
| ASB-41                            | 101               | , 1101     |                    |             |                                       |  |  | 110                    | 0/12/20  | 112                        |             |                   |  |  |

### ۰ اکت

Idiz

(signature)

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:68 and 12:120)

12 4095

| Date of Nutification ( |   |                  |                    | Name         | of Buildin            | og Owner/Operator                | (2)               | -n 1                                      |         | . 1      |            |          |
|------------------------|---|------------------|--------------------|--------------|-----------------------|----------------------------------|-------------------|---|---------|----------|------------|----------|
|                        | 18/11/12  |                  |                    | 7            | S. 1                  | YARLY AN                         | he In             | , C NG                                    | Wo      | 4        |            | _        |
| Agency Notified        | Type Notification                                       |                  |                    |              | Address<br>C1         | Nathur                           | ST                | 2010                                      | أدا     | 3        |            | U<br>Ti  |
| CI EPA                 | Similal<br>Clamended                                    |                  | -                  |              | tale, Zip             | Code ,                           |                   | _U  | 1100    | 3        |            | E 2      |
| AL DOL                 | Amendment #   | _                |                    |              | 00                    |                                  | . 070             | 644 5                                     | · ·     |          | ή.<br>- 27 |          |
| нодъ                   | A Emergency (includ                                     | ing              |                    |              | of Contra             |                                  |                   | TelaphonerNami                            | hat '   | _        | 5          | - 1      |
| ti DCA                 | D Cencelle63n   |                  |                    | 7            | 15                    | 070H                             |                   |   | _       |          |            |          |
|                        |   |                  |                    | FACI         |                       | CREMATION                        |                   | Z Z Z                                     |         | en<br>en | -          | 11       |
| Name of Pacility Wils  | ere Abatement is Taking Pi                              | 200 (p)          |                    | Æ3           | PPROVI                |                                  | Type of Fectility | (4)                                       | 777     | 63       | £          | زب       |
| 01                     | 3. MUTO   | N                | J Dani             |              | and the second second | enior Services                   | O School (K-1)    | () (C)                                    |         | S        |            |          |
| Street Address         |   |                  | LOW                |              |                       | man                              | El Other (Le. pa  | 3 (Other than K-12)<br>Nets & constrorcia | bulldh  | 198,     |            |          |
| 26 1                   | HONESS 2-   | _                |                    |              | (signature            |                                  | homes, etc.       |   |         |          |            |          |
| City (5)               |   | D                | ate: V             | 119          | 13-1                  | Ime: D:35 III                    | Square Feet       | # of Floors                               | Bidg.   | 34       | 'n         |          |
| ` }-                   | OD1.  | 100              | STATE AND          | CARTE DATE   | K. LA PLET            |                                  | 2200              | 2   | 1       | 14       |            |          |
| County (6)             | 26EN  |                  | 1775               | ONLY         |                       | ) (STATE USE                     | Current Use (P    | nor if being demails                      | erieci) | 7        |            |          |
| Name of Monitoring     | Firm Hand by Bullding Own                               | MPL              | ASCR               | Na,          |                       | 1                                | nent Contractor ( |   |         |          |            | A CAMP   |
| (6)                    |   |                  |                    |              |                       |                                  | emoval I          | nc  |         |          |            |          |
| Street Address         |   |                  |                    | ×            |                       | Street Additions                 | River St          |   |         |          |            |          |
| City, Stude, Zip Code  |   |                  |                    |              |                       | Giby, State, Zin 6               |                   |   |         |          |            |          |
| Cay, Gasa, Dp Com      |   |                  | (i)                |              |                       |                                  |                   | J. 07601                                  |         |          |            |          |
| Project Manager for    | Mentoring Firm  | Ye               | sie pho            | ne No.       |                       | Telephone No.                    |                   | Limense No.                               |         |          |            |          |
| •                      |   |                  |                    |              |                       | 201-329-                         |                   | 00388                                     |         |          |            |          |
| Start Date (40)        | Schoduled (   | F                | 1.                 | 7130         |                       | Name of OSHA                     |                   | 4-1 Tmg                                   |         |          |            |          |
| 10 /15/                |   |                  | 11                 | Z            |                       | Street Address                   | vironmer          | Lai inc                                   |         |          |            |          |
|                        | to door(1) Interrupted going                            |                  |                    |              |                       | 280 Huy                          | vler St           |   |         |          |            |          |
| Ci Abelement Perfor    | cased During Entite Period<br>med Outside of Normal Fed | DEN YELL         |                    |              |                       | City, State, Zip (               |                   | 3 37 7 <i>7</i>                           | 740     | ż        |            |          |
|                        | MAS OF HAF  |                  |                    |              |                       | South B                          | lackensac         | k, N.J. C                                 | 1700    | D.       |            |          |
| Scope of Work (Che     |   |                  |                    | E Ron<br>Den | icregion<br>oregion   |                                  | Enclosure         | Negative Pressunt  i Non-Frieble Prec     |         |          |            |          |
|                        |   | l le             | Locut              | inn          |                       |                                  |                   |   |         |          | dem        |          |
| 2                      |   | . 1              | (onwi              | By           |                       | Day and M                        |                   |   |         | H        | Type       | 1        |
|                        | cation of<br>aining Material (ACM)                      |                  | ed Sole<br>Interne | ally iby     | Asstr                 | Description<br>pays Containing M |                   | Amount                                    |         |          | g          | ٠,       |
|                        | E ABATEO  | Ç                | usind              |              | (Le                   | Statiusi aystono<br>surbicho, VA |                   | (Specify<br>SF or LF)                     |         | RAGEMB   | Racat      | 용        |
|                        | (13)  | 1.               | (12)               | Sec. 1       |                       | क्यान सङ्ख्या                    |                   |   |         | 1        | -   5      | 1        |
|                        | 3.000   | Yes              | No                 | I NVA        | -                     |                                  | i                 |   |         |          | 9          |          |
| PACOL                  | LENT  | 1.00             | ,                  | 1            | -                     | VAT                              |                   | 575                                       | SF      | X        | +          | T        |
|                        | FLOOR   | 1                | -                  | 3            | 4/1                   | JOCEUM                           | 1.UAT             | 400                                       | SF      | X        | T          | T        |
| 1.,1                   |   | 1                | <u> </u>           | 1            |                       |                                  |                   |   |         | П        |            | T        |
|                        |   | 1                |                    |              |                       |                                  |                   |   |         |          |            | T        |
| Name of Registered     | Waste Heuler  |                  |                    | Alberto P    | lauler                | Cubic Yeards of                  | Name of Regi      | norod Landill                             |         |          | -          |          |
| Best Remo              | val Inc   |                  | No.<br>710         | 0            |                       | Waste 21/25                      | Minerva           | Enterpri                                  | (ses    | i        |            |          |
| City, State            |   | 1                | 720                |              |                       | Disposet Date                    | City Stores       |   |         |          |            | _        |
| Hack                   | ensack, N.J.  | 076              | 01                 |              |                       | 10/17/12                         | Maynesi           | ourg , Oh                                 |         |          |            |          |
| Completed by           | Yitle   |                  |                    |              |                       | Signatule                        | ·                 | Ø T                                       | Date    | 111      | 1          | 7        |
| J. Maioran             |   | to all reol yaba |                    |              |                       |                                  | DEDLON            |   | 10/     | 1        | // <       | <u>-</u> |
| ASPAT                  | * On m  | of una W         | ale four           | n for an     | bastos I              | селяще обощиес                   | Cartholites.      |   |         |          |            |          |

RECEIVED

| Date of Notification (1)<br>10/10/12 Chec   | ck #2317   | Nam<br>CHI                              | e of Building<br>JRCH OF    | Owner/0          | Operator                                | (2) (1) 2 OCT<br>ED SACRAME              | NT/ST CHA                       | ARLES               | В    | ORF         | ROM         | ΕO        |
|---|--|---|-----------------------------|------------------|---|--|---------------------------------|---------------------|------|-------------|-------------|-----------|
| Agencies Notified Type Notification   | 1  | Stree                                   | t Address<br>/an Ness       | Place            |   | ED SACRAME<br>ASBESTOS<br>LICE           | 3.                              | ê4                  |      |             |             |           |
| EPA Initial  DEP Amended  Amendment   |  | 100000000000000000000000000000000000000 | State, Zip Co<br>vark, NJ 0 |                  | 2                                       | ~ LICE                                   | NSING                           | DL.                 |      |             |             |           |
| □ DOH   | including  | 11 11 11 11 11 11 11 11 11 11           | e of Contact<br>or Anselm   | Nwaor            |   |  | Telephone                       | Numbe               | r    |             |             |           |
| Name of Facility Where Abatement is Taking  | Place (3)  | F                                       | CILITY INF                  | ORMAT            | ION                                     | Type of Facility (                       | 4)                              |                     |      |             |             |           |
| Churh of the Blessed Sacrament/S  |  | Borrom                                  | eo                          |                  |   | School (K-1                              | 2)                              |                     |      |             |             |           |
| Street Address<br>15 Van Ness Place   |  |   |                             |                  |   | Subchapter Other (i.e. p                 | 8 (Other than<br>rivate & comm  | K-12)<br>nercial bi | uild | lings,      | hom         | es,       |
| City (5)<br>Newark, NJ 07108  |  |   |                             |                  |   | Square Feet<br>40,000                    | # of Floors                     |                     |      | dg. A<br>)+ | ge          |           |
| County (6)<br>Essex   |  |   | ty Code (7)<br>TE USE ONLY  | )                |   | Current Use (Pri<br>Church               | or if being dem                 | nolished)           |      |             |             |           |
| Name of Monitoring Firm Hired by Building C<br>None   | Owner (8)  | AS                                      | CM No.                      |                  | 5.0000000000000000000000000000000000000 | of Abatement Cor<br>Services Corpo       |                                 |                     |      |             |             |           |
| Street Address  |  |   |                             |                  |   | Address<br>69th Street                   |                                 |                     |      |             |             |           |
| City, State, Zip Code   |  | 1                                       |                             |                  |   | state, Zip Code<br>enberg, NJ 070        | 93                              |                     |      |             |             |           |
| Project Manager for Monitoring Firm   |  | Telep                                   | hone No.                    |                  | Teleph                                  | none No.<br>295-1700                     |                                 | se No.              |      |             |             |           |
| Start Date (10)<br>10/11/12   | Scheduled (10/12/12                                  | Completion                              | on Date (11)                |                  |   | of OSHA Monitor<br>e as above            |                                 |                     |      |             |             |           |
| Occupancy Status During Abatement (Check  | ( Only One)  |   |                             |                  | Street                                  | Address                                  |                                 |                     |      |             |             |           |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 5:00 PM | eriod of Aba<br>al Facility Ho                       | tement                                  |                             |                  | City, S                                 | tate, Zip Code                           |                                 |                     |      |             |             |           |
| Scope of Work (Check All That Apply)  | 14 1100 CEP - 10 10 10 10 10 10 10 10 10 10 10 10 10 | ***                                     | Oity, state, 2ip sode       |                  |   |  |                                 |                     |      |             |             |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf  |  | ovation                                 |                             |                  | ×                                       |  | e<br>cedure                     |                     |      |             |             |           |
|   | Islo   | cation                                  |                             |                  |   | 1 Non-Exemple                            | ( ) and reon-                   | on-Friable Proc     |      |             | emen        | t         |
| Location of   | Non  | nally<br>olely by                       |                             | De               | scription                               | of                                       |                                 | -                   | _    | Ту          | pe          |           |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                                      | Mainte<br>Custodi<br>(1                              | nance/<br>al Staff?<br>2)               | (i.e.                       | thermal<br>surfa |   |  | Amount<br>(Specify<br>SF or LF) | zemoval             | 0    | Repair      | Encapsulate | Enclosure |
| Boiler Room   | х  |   | Heavy                       | y dama           | ge pip                                  | e insulation                             | 25 LF                           | x                   | 1    |             |             |           |
| Boiler Room   | х  |   |                             | Pipe             | Insula                                  | tion                                     | 20 LF                           |                     |      | x           |             |           |
|   |  |   |                             | *                |   |  |                                 | -                   | +    |             |             |           |
| Name of Registered Waste Hauler   |  | NJDEP                                   | Waste                       | Cubic            | Yards                                   | Name of                                  | Registered Lar                  | ndfill              | _    |             | -           |           |
| Atlantic Carting  |  | Hauler<br>26085                         |                             | of Wa            |   | 7-17-17-17-17-17-17-17-17-17-17-17-17-17 | thelehem L                      | andfill             | Со   | rp          |             |           |
| City, State<br>Wayne, NJ  |  |   |                             | TBD              | sal Date                                | City, State<br>Bethleh                   |                                 |                     |      |             |             |           |
| Completed by<br>Gina Salvador   | Title<br>Office M                                    | lanage                                  |                             | S                | ignature                                | Blucas                                   | <b>-</b>                        | Date<br>10/10       | /1:  | 2           |             |           |

Ct 0992

| Date of Notification (1)  |                        |                             | Name                | of Building              | Owner/Opera  | 4 (0)   |  |                 | Er            | 7        |             | 2010000   |
|---|------------------------|-----------------------------|---------------------|--------------------------|--|---|--|-----------------|---------------|----------|-------------|-----------|
| 10-11-2   | 2012                   |                             | - Name              |                          | Owner/Opera  | tor(2)<br>Toyce                               | Sim  | DWS             | •             | E        | 1           | En        |
| Agencies Notified Type Notification   | n                      |                             | Stree               | t Address                | 930 B  | tor (2) Joyce Joursield Boken                 | 157 1                                      | IZOC            | 7             | 7 A      | M :         |           |
| DEP Amended Amendment   |                        |                             | City,               | State, Zip Co            | ode Ho   | Roken   | NT   | 8 5             | QS            | <u> </u> | 117         | . <       |
| □ DOH     □ DCA     □ DCA     □ Emergency justification     □ Cancellation  | )                      | ng                          | Name<br>C:          | of Contact               | pyce S   | mons  | Telep                                      | hone N          | (F)           | S/A      | T.          | OL        |
| Name of Facility Where Abatement is Taki                                    | na Placa               | (2)                         | FA                  |                          | ORMATION   |   | <u></u>                                    |                 |               |          |             |           |
| : PRIVATE HOUR  | E                      | (3)                         |                     |                          |  | Type of Facil                                 | , ( )                                      |                 |               |          |             | 5-0       |
| Street Address 930 BloomFi  |                        | 58                          | `                   |                          |  | School ( Subchar Other (i. etc.)              | K-12)<br>oter 8 (Other t<br>e. private & c | han K-<br>ommer | 12)<br>cial b | uilding  | js, ho      | mes       |
| City (5) HOBOKEN N  | J.                     |                             |                     |                          |  | Square Feet 3200                              | # of FI                                    |                 | T             | Bldg.    | Age         |           |
| County (6) Hudsow.  |                        |                             | County<br>(STATE    | y Code (7)<br>EUSE ONLY) |  | Current Use (                                 |  | demolis         | shed)         |          |             |           |
| Name of Monitoring Firm Hired by Building N/A                               | Owner (8               | 8)                          | ASC                 | CM No.                   | Nam<br>SH/   | e of Abatement (                              | Contractor (9)                             | STRU            | CTIC          | ON I     | LC.         |           |
| Street Address  |                        |                             |                     |                          | Stree  | et Address<br>VAN ORDEN                       | -  |                 |               |          |             |           |
| City, State, Zip Code   |                        |                             |                     |                          | City,  | State, Zip Code<br>CKENSACK                   | - W - W                                    |                 |               |          |             |           |
| Project Manager for Monitoring Firm   |                        |                             | Teleph              | one No.                  | Telep  | hone No.<br>-708-4270                         | Lie  | cense N         | No.           |          |             |           |
| Start Date (10)<br>/0 -/3 -20/2.  | Schedu / O.            | led Co                      | mpletion            | Date (11)                | Name   | of OSHA Monito                                | or   |                 |               |          | -           |           |
| Occupancy Status During Abatement (Chec                                     | k Only O               | ne)                         |                     |                          |  | Address                                       | ENTAL SI                                   | -KVIC           | JES           |          |             |           |
| Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm | Period of nal Facility | Abater<br>y Houn            | nent<br>s           | 40<br>W                  |  | RT 22 WES                                     | ST   |                 |               |          |             |           |
| Other – Describe:  Scope of Work (Check All That Apply)                     |                        |                             |                     |                          | 1  | ON NJ   |  |                 |               |          |             |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf  |                        | Renova<br>Demolit           |                     |                          |  | Full Containr<br>Mini-Enclosu<br>Glovebag Pro | re<br>ocedure                              |                 |               |          |             |           |
|   |                        | Locati                      |                     |                          |  | Non-Exempte                                   | and No.                                    | n-I-nab         | le Pro        | Abate    |             | ıt        |
| Location of Asbestos-Containing Material (ACM)                              | Use                    | Normal<br>d Sole<br>intenar | ly by               | -<br>Asbesto             | Description<br>s Containing M                              | of  |  |                 | -             |          | rpe         | Г         |
| TO BE ABATED In Facility (13)   |                        | todial S<br>(12)            |                     | (i.e. th                 | nermal systems<br>surfacing, VA<br>other miscellan         | s insulation,<br>T, or                        | Amour<br>(Speci<br>SF or L                 | fy              | Removal       | Repair   | Encapsulate | Enclosure |
| 0. 0 11.5   | Yes                    | No                          | N/A                 |                          |  |   |  |                 | 8             |          | late        | Te        |
| REAR Small Room. BACK PATTO.  | -                      | X                           |                     |                          | DOF A  |   | 126  |                 | X             |          | **          |           |
| once prine:   |                        |                             |                     | NO                       | N FRIA   | BLE.  |  |                 |               |          |             |           |
| ame of Registered Waste Hauler  |                        | l M                         | JDEP W              |                          |  |   |  |                 |               |          | -           |           |
| HARON QUALITY CO  | ·                      | Ha                          | auler ID I<br>33697 |                          | Cubic Yards of Waste $\mathcal{T}\mathcal{B}\mathcal{D}$ . | TOLO  | Registered La<br>TATE SRE                  |                 | S             | =        |             |           |
| ty, State<br>ACKENSACK NJ 07601   |                        |                             |                     |                          | Disposal Date  | City, Stat                                    | e  |                 |               |          |             | -         |
| Ompleted by<br>ARLOS ESQUIVEL   | Title<br>MANA          |                             |                     |                          | Signature  | 1 1   | 200  | Date            |               |          |             | _         |

FINAL CITICO TO THE DECLE OF THE PROPERTY OF T

Print Form

| 4  | NO               | TIÉIC <i>I</i><br>(Pun | ATION O            | of New J<br>F ASBES<br>NJAC 8:6 | TOS AL            | ATEM               | DE!                 | VET  | ) 1           | rpprovi               | D             |        | 7           |          |
|--|------------------|------------------------|--------------------|---------------------------------|-------------------|--------------------|---------------------|--|---------------|-----------------------|---------------|--------|-------------|----------|
| Date of Notification (1)<br>1C/11/2012   |                  | Na<br>Q                | ame of B           | uliding Ov<br>Luxury h          | 20PZ              | UCT (              |                     | AM P   | W             | ealth & S             | mor<br>me/    | Servi  | es          |          |
| Agencies Notified Type Notification  | p                | St                     | reet Add           | ress                            | 6220              | i C T              |                     | Date:  | OLE           | 1                     | me:           | 124    | M           |          |
| ☐ EPA ☐ Intial .   |                  | 1                      | 16 561             | , Zip Code                      | read [            | 110                | US C                | OSTER  | )L            |                       | True after    | 121-   | <u>=1</u>   | $\dashv$ |
| DEP Amendad Amendane   |                  |                        |                    | st, NJ 0                        |                   |                    | ENS                 | ING  |               |                       |               |        |             |          |
| ☑ Emergence     ☑ DOH justification     ☐ DCA ☐ Cancellation                                 |                  | 1                      | ame of C<br>Ian Se | ontact<br>idenmar               | n                 |                    |                     |  | Yeleo         | hone Num              | ber _         |        |             |          |
|  |                  |                        | FACIL              | TY INFOR                        | OTAMS             | N                  | 70/20 0             | Facility (4  | `             |                       |               |        |             | _        |
| Name of Facility Where Abatement is Tall<br>Private Property                                 | ring Place (3)   |                        |                    |                                 |                   | _                  | ☐ se                | chool (K-12  | )<br>3 (Other | than K-12             | F.            |        |             |          |
| Street Address 38 Central Ave  |                  |                        |                    |                                 |                   |                    | 一〇                  | ther (i.e. pr                                      | ivate &       | commercia             | buildi        | ngs, i | 10me        | 5,       |
| City (5) Demarest  |                  |                        | •                  |                                 | -                 |                    | Square<br>2000      |  | # of F        | loors                 | Bit<br>+5     | ig. A  | je          | ~        |
| County (6)   |                  |                        | ounty Co           |                                 |                   | 7                  | Сипеп               | t Use (Prio  | r If being    | dailomeb <sub>{</sub> | ed)           |        |             |          |
| Bergen   |                  | L.                     |                    | SE ONLY)                        |                   |                    |                     | wan Caa  | renetae (     | 31                    |               |        |             |          |
| Name of Monitoring Firm Hired by Buildir<br>N/A  | ig Owner (8)     |                        | ASCM               | No.                             |                   | First              | Phase               | Group I  |               | "                     |               |        |             |          |
| Street Address<br>N/A  |                  |                        |                    |                                 |                   |                    | Address<br>52nd 5   | s<br>Street Su                                     | ite# 16       |                       |               |        |             |          |
| City. State. Zip Code<br>N/A   |                  |                        |                    | -                               |                   |                    | tate, ZI;<br>t New  | Code<br>York, NJ                                   | 07093         | 3                     |               |        |             |          |
| Project Manager for Monitoring Firm  |                  | 7                      | elephon            | e No.                           | 7                 |                    | 758-71              |  |               | Licerse No            | 0,            |        |             |          |
| N/A<br>Start Date (10)   | Scheduled        |                        | pleton D           | Pate (11)                       | $\dashv$          | Name               | of OSH              | A Monitor<br>Inmental                              | Com           | ·                     |               |        |             |          |
| 10/12/2012 Occupancy Status Ouring Abatement (C.   | 10/13/20         |                        |                    |                                 | -+                |                    | Addres              |  | ООГР          |                       |               |        |             |          |
|  |                  |                        | ent                |                                 |                   | 2333               | Route               | e 22 Wes   | at            |                       |               |        |             |          |
| Facility Closed/Vacated During Enti<br>Abatement Performed Outside of N<br>Other - Describe: | ormal Facility I | Hours                  |                    |                                 | _ [               |                    | State. Zi<br>on, NJ | 07083  |               |                       |               |        |             |          |
| Scope of Work (Check All That Apply)   |                  |                        |                    |                                 |                   |                    | _                   |  | -             |                       |               |        |             |          |
| 23 sf or 23 if<br>2160 sf or 2260 lf   |                  | enovat<br>emoliti      |                    |                                 |                   |                    | Min                 | Containme<br>LEnclosure<br>vebag Prod<br>LExemples | adura         |                       |               |        | 9           |          |
|  | le               | Locatio                | 00                 |                                 | •                 |                    | <u>-1 1001</u>      | -Exemple   | Janu          | MOINTING              | 7             | Abate  | meni        |          |
| Location of  | N                | orman<br>Solei         | y                  |                                 |                   | cription           |                     |  | 1             | 95/4                  | $\vdash$      | ()     | pė          |          |
| Aspastos-Containing Material (ACM) TO BE ABATEO  | Main             | ntenan<br>odial S      | ice/               |                                 | tos Conta         | system             | ıs insula           |  | (5            | nount<br>pecify       | R             | Z      | Encapsulate | m        |
| in Facility<br>(13)  | Çusii            | (12)                   |                    |                                 | surfac<br>other m | ing, V/<br>iscella |                     | 1  | SF            | of LF)                | Removal       | Repair | Psuli       | Endosura |
|  | Yes              | No                     | N/A                |                                 |                   |                    |                     |  |               |                       |               |        | 6           | œ        |
| Exterior   |                  |                        | ×                  |                                 | Shin              | gle și             | ding                |  | 1,5           | 00 SF                 | ĸ             |        |             |          |
|  |                  |                        |                    |                                 |                   |                    |                     |  |               |                       | _             | _      |             | _        |
|  |                  |                        |                    |                                 |                   |                    |                     |  |               |                       | -             | -      |             | _        |
| Name of Registered Waste Hauler  |                  | IN                     | JDEP W             | faste                           | Cubic             | Yards              |                     | Name of  | Registe       | red Landfill          | <u>i</u> _    |        | L           | _        |
| ATC  |                  | H                      | auter ID<br>1310   |                                 | of Was            | ue .               |                     | Minerv   | a Ente        |                       |               |        |             |          |
| City, State<br>Shirley NJ 11967  |                  |                        |                    |                                 | Dispos            | al Date            | e                   | City, Star<br>Wayns                                | e<br>burg C   | H 44688               | ı             | 2 70   |             |          |
| Completed by<br>Edwin Precitia   | Title<br>Proje   | ct Ma                  | nager              |                                 | 5                 | ionatur<br>//      | re                  | Pal  | h             | D:                    | ile<br>0/11/2 | 2012   |             |          |

|  |   |                     |                    |                              |                                   |                  |                    |                 |  |                    |   |        | - 13        |            |             |           |
|--|---|---------------------|--------------------|------------------------------|-----------------------------------|------------------|--------------------|-----------------|--|--------------------|---|--------|-------------|------------|-------------|-----------|
|  |   | N                   |                    | CATION                       | te of New<br>OF ASBE<br>to NJAC 8 | ESTOS            | ABATE              | MENT            | RE<br>2012 OCT I   | CE                 | IVE   | P)     |             |            |             |           |
| Date of Notification (1)<br>1C/11/2012                     |   |                     |                    |                              | Building (<br>Luxury              |                  | perator<br>S       | (2)             | 7007   | 17                 | an .  | a.use  | en en en    |            |             |           |
| Agencies Notified  | Type Notification   |                     | 1                  | Street Ac                    | ddress<br>erpentine               | e Road           |                    |                 | & 1/0s   | 00                 | "7 3: E   | 7      | 7           |            |             |           |
| DEP DOL  | Initial Amended Amendment   | #                   |                    | City, Sta                    | te, Zip Co<br>est, NJ             | de               | -2199              |                 | & LICEN  | SIA                | GROL  |        |             |            |             |           |
| ⊠ DOH  | Emergency ( justification)  | including           | _                  | Name of                      |                                   |                  |                    |                 |  | Tel                | ephone N  | umber  |             | ****       |             |           |
| DCA L  | Cancellation  |                     |                    |                              | LITY INFO                         |                  | ON                 | -12             |  |                    |   |        |             |            |             |           |
| Name of Facility Where Al                                  | atement is Takin  | g Place (3)         | )                  | FAOI                         | LITT HAT C                        | ZINIATI          | 0.14               | Туре            | e of Facility (4   | )                  |   |        |             |            |             |           |
| Private Property   |   |                     |                    |                              |                                   |                  |                    |                 | School (K-12   |                    | 1001 100  | 000    |             |            |             |           |
| Street Address<br>38 Central Ave                           |   |                     |                    |                              |                                   |                  |                    | ×               | Subchapter of Other (i.e. pretc.)                              |                    |   |        | lding       | gs, I      | nome        | s,        |
| City (5)<br>Demarest                                       |   |                     |                    |                              |                                   |                  |                    | Squ<br>200      | are Feet<br>00   | # o                | f Floors  |        | Bldg<br>+50 | j. Ag<br>) | je          |           |
| County (6)<br>Bergen                                       |   |                     |                    | County C                     | Code (7)<br>ISE ONLY              |                  |                    | Curr            | ent Use (Prio  | r if bei           | ng demoli   | shed)  |             |            |             |           |
| Name of Monitoring Firm I<br>N/A                           | Hired by Building   | Owner (8)           | •                  | ASCM                         | No.                               |                  |                    |                 | atement Cons<br>se Group I                                     |                    | (9)   |        |             |            |             |           |
| Street Address<br>N/A                                      |   | 8                   |                    |                              |                                   |                  | Street<br>567      |                 | ess<br>I Street Sui  | te# 1              | 6   |        |             |            |             |           |
| City, State, Zip Code<br>N/A                               |   |                     |                    |                              |                                   |                  |                    |                 | Zip Code<br>w York, NJ   | 0709               | 93  |        |             |            |             |           |
| Project Manager for Monit<br>N/A                           | oring Firm  |                     |                    | Telephor                     | ne No.                            |                  | Teleph<br>201-     |                 | No.<br>7158  |                    | License<br>01144  | No.    |             |            |             |           |
| Start Date (10)<br>10/12/2012                              |   | Schedule<br>10/13/2 |                    | npletion (                   | Date (11)                         |                  | - CONTRACTOR       |                 | SHA Monitor ronmental  | Corp               |   |        |             |            | -           |           |
| Occupancy Status During                                    |   |                     |                    |                              |                                   |                  | Street             |                 | ess<br>ute 22 Wes  | t                  |   |        |             |            |             |           |
| Facility Closed/Vacat Abatement Performe Other – Describe: |   |                     |                    |                              |                                   |                  | City, S            | State,          | Zip Code<br>J 07083  | •                  |   |        |             |            |             |           |
| Scope of Work (Check All                                   | That Apply)   |                     |                    |                              |                                   |                  | Oilio              | ,,,,,           | 0 07 000   |                    |   | -      |             | -          |             | -         |
| ≥3 sf or ≥3 if<br>≥160 sf or ≥260 if                       |   | -                   | Renova<br>Demoli   | 3.75 (2.25 (d. 1))           |                                   |                  | >                  | M<br>G          | ull Containme<br>lini-Enclosure<br>lovebag Proc<br>on-Exempted | edure              |   |        |             | dure       | £           |           |
|  |   | Is                  | Locat              | ion                          |                                   | -                |                    |                 |  | 17                 |   |        |             | ate        | ment        |           |
| Location   |   | - 19 11             | Normal             | Contract of                  | 0.20.2000                         |                  | scription          |                 |  | 12                 |   | -      | Т           | Typ        | e           |           |
| Asbestos-Containing N<br><u>TO BE ABA</u><br>In Facility   | TED   | Ma                  | intena<br>todial ( | nce/                         |                                   | thermal<br>surfa | system<br>cing, VA | s insu<br>T, or | 1  | (\$                | mount<br>Specify<br>or LF)  | Remova | 100         | Renair     | Encapsulate | Enclosure |
| (13)   |   | Yes                 | No                 | N/A                          |                                   | other r          | niscellar          | neous           | )  |                    |   | oval   | 1           | ₽.<br>     | ulate       | sure      |
| Exterio  | r   |                     |                    | х                            | 3372                              | Shir             | ngle sid           | ding            |  | 1,5                | 00 SF   | x      | 1           |            |             |           |
|  |   |                     |                    |                              |                                   |                  |                    |                 |  |                    |   |        |             |            |             |           |
|  | Statistics of the state of the |                     |                    |                              |                                   | 3                |                    |                 |  |                    |   |        |             |            |             |           |
|  | 20.000  |                     |                    |                              |                                   |                  |                    |                 |  |                    | W. 12 To 12 |        |             |            |             |           |
| Name of Registered Waste<br>ATC                            | e Hauler  |                     | F                  | IJDEP W<br>lauler ID<br>4310 |                                   | Cubic<br>of Wa   | Yards<br>ste       |                 | Name of F<br>Minerva   | 100 THE R. P. LEW. |   | fill   |             |            |             |           |
| City, State<br>Shirley NJ 11967                            |   |                     |                    | 7.00                         |                                   | Dispo            | sal Date           |                 | City, State<br>Waynsb  |                    | OH 4468   | 8      | ===         |            |             |           |
| Completed by   |   | Title               |                    |                              |                                   | 1 8              | Signature          | 9               | 01   | 1                  | 1   | Date   |             |            |             |           |
| Edwin Precilla   |   | Proje               | ct Ma              | anager                       |                                   |                  | 1 le               | n               | Pull   | 1                  | - 1   | 10/11/ | 20          | 12         |             | ŧ         |

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 ark 12:120-77 | V = 1)

|   |                            |                |                     |            |        |        |                             | » ż   | DEIAEN   |                 |  | Check    | # 6     | 930  | )   |
|---|----------------------------|----------------|---------------------|------------|--------|--------|-----------------------------|-------|--|-----------------|--|----------|---------|------|-----|
| Date of Notification (1)                                      | 0/12/12                    | 11.00          | lame o<br>JMD       |            | ng Owr | ner/(  | Operator (2) <b>2017 NC</b> | T     | 17 AM 3:21   |                 |  |          |         |      |     |
| Agencies Notified   | Type of Notifica           | tion S         | treet /             | Address    |        |        |                             |       | 17 ATT 3121  |                 |  |          |         | -    |     |
| [] EPA  | [x] Initial                |                | 80 Be               | ergen      | Stree  | et     | ASBES                       | T     | OS CONTROL<br>CENSING  |                 | 1  |          |         |      |     |
| [] DEP  | Notification [] Emergency  | C              | ity, St             | ate, Zip   | Code   |        | & L                         | -11   | CENSING  |                 |  |          |         | 70 2 |     |
| [X] DOH   | [] Amended<br>Notification |                | lewa                | irk, NJ    | 071    | 01     |                             |       |  |                 |  |          |         |      |     |
| Section 1   | Notification               | N              | lame o              | of Contac  | ct     |        |                             |       | Telephone  | Numl            | ber  |          |         |      |     |
| [] DCA  | [] Cancellation            | n   H          | lerbe               | ert Sm     | ith    |        |                             |       |  |                 |  |          |         |      |     |
|   |                            |                |                     |            | FACI   | LITY   | INFORMATION                 | _     |  |                 |  |          |         |      |     |
| Name of Facility Where  |                            |                | ice (3)             |            |        |        |                             | T     | Type of Facility (4)   |                 |  |          |         |      |     |
| UMDNJ – Medica  | I Science B                | ldg.           |                     |            |        |        |                             |       | [] School (K-12)<br>[x] Subchapter 8 (<br>[] Other (i.e. privat      | Other           | than K-12)   | h cildii |         |      |     |
| Street Address  | Orongo Ave                 |                |                     |            |        |        |                             |       | homes, etc.)   | e and           | commercia  | bullal   | igs,    | 67   |     |
| Bergen St/ South  | Orange Ave                 | <b>3</b> .     |                     |            |        |        |                             | 1     | Square Feet # of   | Floors          | Гві  | dg. Ag   | e       |      |     |
| City (5)  | Ĭ                          | County         |                     |            |        |        | nty Code (7)                | L     | 200000 5   | e Reserve       | ~  | 70       | -       |      |     |
| Newark  |                            | Esse           | X                   |            | (      | (STA   | TE USE ONLY)                |       | Current Use (Prior if bein<br>Office/lab/classroom                   | g dem           | olished)   |          |         |      |     |
| Name of Monitoring Firm                                       |                            | ng Owne        |                     | ASCM N     | 7.5    | T      | Name of Abatem              | nen   | nt Contractor (9)  |                 |  |          |         |      |     |
| Whitman Comp  | anies                      |                | (                   | 00110      |        |        |                             | Juj   | piter Environmenta   | al Se           | rvices, Ir   | nc.      |         |      |     |
| Street Address  |                            |                |                     |            |        |        | Street Address              |       | 0 1  |                 |  |          |         |      |     |
| 7 Pleasant Hill Rd<br>City, State, Zip Code                   |                            |                |                     |            | 644    | -      | City, State, Zip C          |       | ynn Court  |                 |  |          |         |      |     |
| Cranbury, NJ 085  | 12                         |                |                     |            |        |        |                             |       | ncoln Park, NJ 070   | 35              |  |          |         |      |     |
| Project Manager for Mor                                       |                            | Tele           | phone               | Number     | -      | 1      | Telephone Numb              |       |  |                 | License N  | lumbe    | r       |      |     |
| Kevin Lovely  |                            |                |                     | )-5858     |        |        |                             |       | 73-709-0200  |                 |  | 0        | 08      | 52   |     |
| Scheduled Start Date (10/22/12                                |                            | d. Comp<br>10/ | letion<br>26/1      |            | )      |        | Name of OSHA N              |       | <sub>nitor</sub><br>& S Environmenta                                 | Lab             | oratories  | s, LL    | 2       |      |     |
| Occupancy Status Durin [] Facility Closed/ [] Abatement Perfo | Vacated During             | Entire Pe      | eriod o             | of Abater  |        |        | Street Address 2            | 233   | 33 Route 22 West   |                 |  |          |         |      | *** |
| Describ   |                            |                | i i aciii           | ity riouis | . –    |        | City, State, Zip C          |       | le<br>nion, NJ 07083   |                 |  |          |         |      |     |
| Scope of Work (Check a  | ll that apply)             |                | -                   | -          |        |        | 39 1                        |       |  |                 |  |          |         |      |     |
| [] Demolition<br>[x] ≥3 sf or ≥3 lf<br>[] ≥160 sf or ≥260     | If                         |                |                     | []         | Reno   | ovatio | on                          |       | [] Full Containm [x] Mini – Enclos [] Glovebag Pro [x] Non – Friable | sure<br>ocedure | е  | Press    | ure     |      |     |
|   |                            |                | Locat               |            |        |        |                             |       |  | T               |  |          | ate     | mer  | nt  |
| Location of   | of                         |                | mally I<br>Solely I |            |        |        | Descri<br>Asbestos -        |       |  |                 | Amount   | R        | pe<br>R | E    | E   |
| Asbestos – Con  |                            | Maint          | tenand              | ce/Cus     |        |        | Materia                     | al (  | (ACM)  |                 | (Specify   | E        | E       | N    | N   |
| Material (AC<br>TO BE ABAT                                    |                            | todia          | al Staf             | 1 (12)     |        |        | (i.e., therm insulation, su |       |  |                 | SF or LF)  | M        | PA      | C    | C   |
| In Facility   |                            | V              |                     | N.//A      |        |        | or other mis                |       |  |                 |  | V        | Ī       | Р    | 0   |
| (13)  |                            | Yes            | No                  | N/A        |        |        |                             |       |  |                 |  | A<br>L   | R       | S    | S   |
| Room 507 (Level I)  |                            |                | x                   |            | Tran   | site   | tabletops/panels            | s     |  | 6               | 0 SF   | X        |         |      |     |
|   |                            |                |                     |            |        | 100000 |                             | 00777 | *  | -               |  | -        | -       |      | _   |
|   |                            |                |                     |            |        |        |                             |       |  |                 |  | -        |         |      |     |
| Name of Registered Was  | te Hauler                  | NJ             | DEP V               | Vaste      | - 1    | Cub    | ic Yards                    | T     | Name of Registered Lan   | dfill           |  |          |         |      |     |
| Jupiter Environme   | ntal Service               | 3              | uler ID<br>04782    |            |        | Of V   | Vaste<br>1                  |       | Minerva Landfill   |                 |  |          |         |      |     |
| City, State   |                            |                |                     |            |        |        | osal Date                   |       | City, State  | 277             | 105  |          | - 85.0  |      |     |
| Lincoln Park, NJ  |                            |                |                     |            |        | 10/    | 31/12                       |       | Waynesburg, OH   | 75-1            |  |          |         |      |     |
| Completed By (Print or Top Pane Repic                         | ype)                       | Title<br>Gen   | eral l              | Manag      | ger    |        | Signature                   |       | ( re   |                 | Date<br>10/12  | /12      |         |      |     |
| ASB-411   | 1                          |                | -                   | -          |        |        | 11/                         | _     |  |                 | The state of the s |          |         |      |     |

CK 0993

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

| Date of Notification (1)  |               |                                       | Nama                  | f Duilding           | Owner/Op              | orator (2             | <del></del>                      | 201                 | 700            |               |             | day.       |
|---|---------------|---------------------------------------|-----------------------|----------------------|-----------------------|-----------------------|----------------------------------|---------------------|----------------|---------------|-------------|------------|
| 12012 10-11- 2012   |               |                                       |                       |                      |                       | nai                   | ana A                            | EFILIPPE            | yc;            | 717           | AF          | 1 3:       |
| EPA Initial Amended Amendment   | #             |                                       | City, St              | ate, Zip Co          | 750 ode 24            | . L                   | THST.<br>HURST                   | NJ. C               | EST            | US (          | COA         | ITR<br>G   |
| DOH justification)     DCA  | nicioding     |                                       | MA                    | RC                   | DEFF                  | FILO                  | рро                              | T-1- 1              |                |               |             | 1          |
| Franco or a doney vision , waterness to running   | g 1 1000 (    | 3)                                    | FAC                   | ILITY INF            | ORMATIO               |                       | Jeo oi i aoint (                 | 4)                  |                |               |             |            |
| PRIVATE HOUSE   |               |                                       |                       |                      |                       |                       | School (K-1                      | 2)                  |                |               |             |            |
| Street Address 750 5TH ST   |               |                                       |                       |                      |                       | i*                    | Other (i.e. r<br>elc.)           | 8 (Other than K-1)  | ial buil       | in the second |             | es,        |
| City (5) LYNDHURST.   |               |                                       |                       |                      |                       |                       | Square Feet<br>2000              | 1 /-                |                | Sldg. A       |             |            |
| County (6)  |               |                                       |                       | Code (7)<br>USE ONLY | )                     | _                     | Current Use (Pric                | or if being demolis | hed)           |               |             |            |
| Name of Monitoring Firm Hired by Building (   | Owner (8)     | )                                     | ASCI                  | M No.                |                       |                       | Abatement Cor                    |                     |                |               |             |            |
| N/A   |               |                                       | 1                     |                      |                       |                       | ON QUALIT                        | Y CO. LLC.          | and the second | ALCOHOLD CO.  |             |            |
| Street Address  |               |                                       | *3                    |                      | 1 1                   | Street Ad<br>22 VA    | n ORDEN                          | PL.                 |                |               |             |            |
| City, State, Zip Code   |               |                                       |                       |                      |                       |                       | te, Zip Code<br>ENSACK N         | IJ. 07601           |                |               |             |            |
| Project Manager for Monitoring Firm   |               |                                       | Telepho               |                      |                       |                       | 8-4270                           | License N<br>01135  | lo.            |               |             |            |
| Start Data (10)<br>10-15-2012.  | Schodul<br>10 | - 15                                  | relation<br>-2        | Date (11)<br>0/2     | _                     |                       | OSHA Monitor<br>VVIRONMEN        | ITAL SERVIČI        | ES             |               |             |            |
| Occupancy Status During Abatement (Chec   | k Only Or     | ne)                                   |                       |                      |                       | Street Ac             |                                  | #                   |                |               |             | -          |
| Facility Closed/Vacated During Entire I<br>Abatement Performed Outside of Norm<br>Other – Describe: |               |                                       |                       |                      | -                     |                       | RT 22 WES<br>te, Zip Code<br>NJ. | 1                   | *****          |               |             |            |
| Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf                            |               | Renova<br>Demoli                      |                       |                      | •                     | Z A                   | Mini-Enclosure<br>Glovebag Prod  |                     |                |               | Δ.          |            |
|   | Is            | Locat                                 | ion                   |                      |                       |                       |                                  | (//                 | T              | Abate         | men         | t          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED   | Use<br>Ma     | Norma<br>ed Sole<br>aintena<br>todial | lly<br>ely by<br>nce/ |                      |                       |                       | erial (ACM)                      | Amount<br>(Specify  | R              | Ту            |             | g          |
| In Facility<br>(13)   | Cus           | (12)                                  | Janr                  |                      | surfacir<br>other mis | ng, VAT,<br>scellaned |                                  | SF or LF)           | Removal        | Repair        | Encapsulate | Ericlosure |
| D DOCALCAST   | Yes           | No                                    | N/A                   |                      | PILER                 |                       |                                  | 24.50               | -              |               | œ           | _          |
| BASEMENT.   | -             | X                                     | +                     |                      | PS                    |                       | -                                | 27.3Q               | X              |               |             | i -        |
|   | -             |                                       | -                     | FA                   | TACT                  | -W/7                  | h Theee                          |                     | -              |               |             | -          |
|   | 1             |                                       | 1                     |                      | RSOF                  |                       |                                  |                     | -              |               |             |            |
| Name of Registered Waste Hauler SHARON QUALITY CO.  | 1             | H                                     | JUDEP Wallauler ID    | Vaste<br>No.         | Cubic Ya of Waste     | ards                  | Name of F                        | Registered Landfill |                | LJ            |             |            |
| City, State<br>HACKENSACK NJ.   |               |                                       |                       |                      | Disposal<br>TB        | Date                  | City, State                      | NY 10474            | <u> </u>       |               |             |            |
| Completed by CARLOS ESQUIVEL  | Title         | AGE                                   | R                     | -                    | Sign                  | maiure<br>D 8         | junty                            | 196 Da              | ite<br> /  /2  | 2012          |             |            |

CK 6379

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVER # 6379

| Date of Notification (1)   |                             | - 11                                   | Name of           | F Building Own                   | er/Operato   | r (2)                     | 201200                      | 1-                                       |                    |              | - W         |               |
|--|-----------------------------|--|-------------------|----------------------------------|--|---------------------------|-----------------------------|--|--------------------|--------------|-------------|---------------|
| October 12 , 2012  |                             |  | RBH-T             | RB WEST                          | URBAN  | RENEW                     | AL'ENT                      | TY17 AL                                  | <u></u>            |              | -           |               |
| Agencies Notified Type Notification  EPA Initial                       |                             |  | Street A<br>89 Ma | <sup>ddress</sup><br>rket Street |  | , A                       | SEES                        | OS CON<br>CENSINO                        | J: j               | 9            |             |               |
| EPA Initial Amended Amendment  | #2                          |  |                   | ite, Zip Code<br>k, NJ 0710      | 2  |                           | Œ L                         | CENSIN                                   | TROL               |              |             |               |
| ☐ Emergency justification) ☐ DCA ☐ Cancellation                        |                             |  |                   | f Contact<br>Dentinger           |  |                           |                             | Telephone                                | Number             |              |             |               |
|  |                             |  |                   | LITY INFORM                      | IATION   |                           |                             |  |                    |              |             |               |
| Name of Facility Where Abatement is Takin<br>Teacher Village Phase #2  | g Place (3                  | 3)                                     |                   |                                  |  | Sch                       | Facility (4)<br>nool (K-12) | )  |                    |              |             |               |
| Street Address<br>37-39 William Street                                 |                             |  |                   |                                  |  | Sub<br>Sub<br>Oth<br>etc. | er (i.e. pri                | (Other than I                            | (-12)<br>ercial bu | ilding       | s, hor      | nes,          |
| City (5)<br>Newark   |                             |  |                   |                                  |  | Square F<br>50,000        |                             | # of Floors<br>4                         |                    | Bldg.<br>50+ | Age         |               |
| County (6)<br>Essex  |                             |  |                   | Code (7)<br>USE ONLY)            |  | Current Church            |                             | if being demo                            | olished)           |              |             |               |
| Name of Monitoring Firm Hired by Building CSA                          | Owner (8)                   |  | ASCM              | l No.                            | 100000000000000000000000000000000000000                    | of Abatem                 |                             | actor (9)<br>CTION INC                   | •                  |              |             |               |
| Street Address<br>26 Lorenzo Court                                     |                             |  |                   |                                  |  | t Address<br>GETTY        | AVE.                        |  |                    |              |             |               |
| City, State, Zip Code<br>Matawan, New Jersey 07747                     |                             |  |                   |                                  | 0.0000000000000000000000000000000000000                    | State, Zip C              |                             | SEY 0701                                 | 1-1802             |              |             |               |
| Project Manager for Monitoring Firm Michael Chain                      |                             |  | Telephor          | ne No.<br>21-9220                | 100000000000000000000000000000000000000                    | hone No.<br>-478-484      | 8                           | Licens<br>00724                          |                    |              |             | 7 11 11       |
| Start Date (10)<br>October 15,2012                                     | Schedule                    |  |                   | Date (11)                        |  | of OSHA                   |                             | CTION INC                                | D.                 |              |             | MI 1534-1273N |
| Occupancy Status During Abatement (Chec                                |                             |  |                   |                                  | Street   | Address                   |                             |  |                    |              |             |               |
| Facility Closed/Vacated During Entire                                  |                             |  |                   |                                  |  | GETTY A                   |                             |  |                    |              |             |               |
| Abatement Performed Outside of Norr Other – Describe: 7:00am-3:30pm Mo | nal Facility<br>nday - Frid | Hours<br>ay                            |                   |                                  | 100000000000000000000000000000000000000                    | State, Zip C<br>FTON, N   |                             | RSEY 0701                                | 1-1802             | !            |             |               |
| Scope of Work (Check All That Apply)                                   | 30000000                    |  |                   |                                  |  | -                         |                             |  |                    | -3 3033 3    |             |               |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                                   | -                           | Renovat<br>Demoliti                    |                   |                                  |  | Mini-E<br>Glovel          | nclosure<br>bag Proce       | it with Negativ<br>dure<br>(*) and Non-F |                    |              | IFE         |               |
|  | le                          | Location                               | nn .              |                                  |  | 11011 E                   | , and the second            | / dild Holl I                            | 1                  |              | teme        | nt            |
| Location of  | 1                           | Normall                                | у                 | JA                               | Description  | n of                      |                             |  |                    | _            | уре         | 1             |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)       | Ma                          | d Solel<br>intenan<br>todial S<br>(12) | ice/              | (i.e. ther                       | Containing I<br>mal system<br>urfacing, VA<br>ner miscella | ns insulation<br>AT, or   |                             | Amount<br>(Specify<br>SF or LF)          | Removal            | Kepair       | Encapsulate | Enclosure     |
| Basement   | 163                         | 140                                    | ×                 | B <sub>1</sub>                   | oiler Insul  | ation                     |                             | 120 SF                                   | ×                  | +            | +           | +             |
| Basement   | +-                          |  | ×                 |                                  | bow Insu   |                           |                             | 15LF                                     | x                  | +            | +           | +             |
| Second Floor Center Room   |                             |  | ×                 |                                  | Tiles and  |                           |                             | 760SF                                    | x                  | +            | +           |               |
| Second Floor Bottom Layer  | + -                         |  | ×                 |                                  | Tiles and  |                           |                             | 1150SF                                   | x                  | +            | +-          | +             |
| Name of Registered Waste Hauler  |                             | N.                                     | JDEP W            |                                  | ubic Yards   |                           |                             | egistered Lan                            | 100                | 1            | 1           |               |
| Slavco Construction Inc.   |                             | 1000000                                | auler ID<br>3508  | No. of                           | Waste  |                           |                             | 'S LANDF                                 |                    |              |             |               |
| City, State<br>CLIFTON, NEW JERSEY 07011-1                             | 802                         |  |                   |                                  | sposal Date<br>BD  | N                         | ity, State<br>IORRIS        | VILLE, PA                                |                    |              |             |               |
| Completed by<br>Vivian D. Jurcevic                                     | Title<br>Office             | e Mgr.                                 |                   |                                  | Signatur   | e<br>an L                 | y Ju                        | scuir                                    | Date<br>10/12      | 12           |             |               |

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) ASBESTOS A

RECEIVED

ASSESTOS CO.

|               | ation N              |                       | Description (  | & LICE  |  | Baton   | I I I I I                   |             |
|---------------|----------------------|-----------------------|--|---|--|---|-----------------------------|-------------|
| Ma<br>/C<br>S | Custodi<br>Staff (12 | oy<br>nce<br>al       | Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous) | Amount<br>(Specify<br>SF or<br>LF)                              | R<br>E<br>M<br>O<br>V  | R<br>E<br>P<br>A  | E<br>N<br>C<br>A<br>P<br>S  | ENCLOSUR    |
| Yes           | No                   |                       | Not 0 Marks  |   | L  | R   | L                           | E           |
| $\dashv$      | -                    | X                     |  | 1796SF  | х  |   |                             |             |
| $\dashv$      |                      | х                     | Vat & Mastic   | 236SF   | х  |   |                             |             |
| _             |                      | х                     | Vat & Mastic   | 4370SF  | ×  |   |                             |             |
|               |                      | х                     | Vat & Mastic   | 5000SF  | x  |   |                             |             |
| $\dashv$      |                      | х                     | Vat & Mastic   | 5000SF  | х  |   |                             |             |
|               |                      |                       |  |   |  |   |                             |             |
| 1             |                      |                       |  |   |  |   |                             |             |
| +             | -                    |                       |  |   |  |   |                             |             |
| 1             |                      |                       |  |   |  |   |                             |             |
| +             | -                    |                       |  |   |  | -   | -                           |             |
|               |                      |                       |  |   |  |   |                             |             |
| $\perp$       | _                    | $\dashv$              |  |   |  |   |                             |             |
| ```           | /C                   | /Custodi<br>Staff (12 | x<br>x<br>x  | insulation, surfacing, VAT, or other miscellaneous)  /cs No N/A | Insulation   Ins | Insulation, surfacing, VAT, Or other miscellaneous   Custodial Staff (12) | Insulation, surfacing, VAT, | Maintenance |

| Completed By: (Print or Type) | Title       | Signature Date           |
|-------------------------------|-------------|--------------------------|
| Vivian D. Jurcevic            | Office Mgr. | Villand Allew 20/12/2012 |

| RE       | 100   | L   |
|----------|-------|-----|
|          | de la | YED |
| 2012 OCT | 1-    | -13 |

| Date of Notification (1)<br>AUGUST 29TH, 2    | 012                                      |              |                             | Name o                     | f Building            | Owner/G          | Operator (   | (2)<br>ENEWAL   | ЖТY.        | Tos                        | AM 3          | ?: ;         | 3             |           |
|---|--|--------------|-----------------------------|----------------------------|-----------------------|------------------|--|---|-------------|----------------------------|---------------|--------------|---------------|-----------|
| Agencies Notified                             | Type Notification                        |              |                             | Street A                   | ddress<br>rket Str    | eet              |  | (2)<br>ENEWAL EN  | & L         | CENSO                      | NTE           | 201          | <u> </u>      |           |
| EPA<br>DEP<br>DOL                             | Initial Amended Amendment Emergency      |              |                             | City, Sta                  | ate, Zip C<br>rk, New | ode<br>Jersey    | y 07102  |   |             | -42/                       | 16 "          | UĮ.          |               |           |
| DOH DCA                                       | justification) Cancellation              |              |                             | Adam                       | f Contact<br>Denting  | ger              |  |   | TA          | lenhone Ni                 | ımber         |              |               |           |
| Name of Facility Where                        | Abatement is Takir                       | ng Place (   | 3)                          | FAC                        | ILITY INF             | ORMAT            | ION  | Type of Escilla   | (4)         |                            |               |              |               |           |
| Teacher Village Ph                            |  | ig i lace (  | ٥,                          |                            |                       |                  |  | Type of Facility School (K-                                   |             |                            |               |              |               |           |
| Street Address<br>37-39 William Stre          | et                                       | . 10         | 9                           |                            |                       |                  |  | Subchapte   | r 8 (Oth    | er than K-1<br>& commerc   | 2)<br>ial bui | ldings       | s, hon        | nes,      |
| City (5)<br>Newark                            |  |              |                             |                            |                       |                  |  | Square Feet<br>50,000   | 4           | f Floors                   | 11.2          | Bldg.<br>50+ | Age           |           |
| County (6)<br>Essex                           |  |              |                             |                            | Code (7)<br>USE ONLY  | )                |  | Current Use (Pr<br>Church                                     | ior if be   | ing demolis                | hed)          | **********   |               |           |
| Name of Monitoring Fire                       | n Hired by Building                      | Owner (8)    | )                           | ASCN                       | A No.                 |                  |  | of Abatement Co   |             |                            |               |              |               |           |
| Street Address<br>26 Lorenzo Court            |  |              |                             |                            |                       |                  | Street A   | Address<br>SETTY AVE.   |             |                            |               |              |               |           |
| City, State, Zip Code<br>Matawan, New Jer     | sey 07747                                |              |                             |                            | is .                  |                  |  | ate, Zip Code<br>ON, NEW JE                                   | ERSE        | Y 07011-                   | 1802          |              |               |           |
| Project Manager for Mo<br>Michael Chain       | nitoring Firm                            |              | T                           | Telepho<br>732-92          | ne No.<br>21-9220     |                  | Telepho  |   |             | License N                  |               |              |               |           |
| Start Date (10)<br>September 5th, 20          | 12                                       |              |                             | npletion<br>28th, 2        | Date (11)             |                  | Name o   | f OSHA Monitor  |             |                            | i i           |              |               |           |
| Occupancy Status Durir                        |  |              |                             |                            |                       |                  | Street A   |   | .0011       | ON INC.                    |               |              | Secretario de |           |
| PS .  | ated During Entire                       |              | and the same                | nent                       |                       |                  |  | ETTY AVE.   |             |                            |               | 5)           |               |           |
| Abatement Perform                             | ned Outside of Norm<br>7:00am-3:30pm Mor | nal Facility | / Hours                     |                            |                       | _                |  | ate, Zip Code<br>ON, NEW JE                                   | RSF         | Y 07011_                   | 1802          | <del></del>  | -             |           |
| Scope of Work (Check A                        | All That Apply)                          |              |                             | -                          |                       |                  |  | 0.11,71217-0.   |             | . 0.011                    | 1002          |              |               |           |
| ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf            |  |              | Renova<br>Demolit           |                            | *0                    |                  | ×  | Full Containm<br>Mini-Enclosur<br>Glovebag Pro<br>Non-Exempte | e<br>cedure |                            |               |              |               |           |
|   | W  | Is           | Locati                      | ion                        |                       |                  |  | - Non Exemple   | o ( ) an    | a Non-i nai                | 1             |              | emen          | t         |
| Locatio                                       |  |              | Normal<br>ed Sole           |                            |                       | De               | scription o  | of .  |             |                            | _             | T            | уре           |           |
| Asbestos-Containing TO BE AB In Faci (13)     | ATED<br>lity                             | Ma           | intenar<br>todial S<br>(12) | nce/                       | Asbes<br>(i.e.        | thermal<br>surfa | taining Ma<br>I systems i<br>cing, VAT<br>niscellane | aterial (ACM)<br>insulation,<br>, or<br>ous)                  | (5          | mount<br>Specify<br>or LF) | Removal       | Repair       | Encapsulate   | Enclosure |
|   |  | Yes          | No                          | N/A                        |                       | *****            |  |   |             |                            |               |              | ē             | Ф         |
| Basem   |  |              |                             | ×                          |                       | Boile            | r Insulat  | tion  | 1:          | 20SF                       | x             |              |               |           |
| Basem   |  | <u> </u>     |                             | X                          |                       |                  | v Insulat  | 70(7.0.5)   | 1           | 5LF                        | x             |              |               |           |
| Second Floor in                               |  |              | 1,                          | X                          | F                     | loor Til         | es and I   | Mastic  | 70          | 60SF                       | X             | 5            |               |           |
| Second Floor B                                |  |              |                             | x                          | and the second        |                  | es and l   |   |             | 50SF                       | х             |              |               |           |
| Name of Registered Was<br>Slavco Construction |  |              | Н                           | JDEP W<br>auler ID<br>3508 | 0.00                  | Oubic<br>of Was  | Yards<br>ste   |   |             | red Landfill<br>ANDFILL    |               |              |               |           |
| City, State<br>CLIFTON , NEW JE               | RSEY 07011-18                            | 802          |                             |                            |                       | Dispos           | sal Date   | City, Stat  |             | F PA                       |               |              |               |           |
| Completed by                                  |  | Title        | -                           |                            |                       |                  | Signature  |   | VILL        | Da                         | ite           |              |               |           |
| Vivian D. Jurcevic                            |  |              |                             | <                          |                       | 1                | Madel  | mil h   | 18.00       | 0.00000                    | 137           | 2.7          | 115           | l         |

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Oursuant to NJAC 8-60-7 AND 12:120-7) ASSECTION OF ASBESTOS ABATEMENT Oursuant to NJAC 8-60-7 AND 12:120-7)

& LICENSONTO Page zo. Description of E Location of Is Location Normally N Asbestos-Containing Amount Asbestos-Containing Used R C Material (ACM) (Specify Material (ACM) Solely by E R C L (i.e. thermal systems, SF or TO BE ABATED Maintenance M Ε Α 0 insulation, surfacing, VAT, LF) In Facility (13) 0 P S /Custodial or other miscellaneous) V S Staff (12) U A U R Yes No N/A R L E Third Floor Floor Tiles and Mastic X 5,000SF X Fourth Floor Floor Tiles and Mastic 5,000SF

| 2 11 12 (2) ( = )             |           |                  | 7         |
|-------------------------------|-----------|------------------|-----------|
| Completed By: (Print or Type) | Title     | Signature        | Date      |
| Vivian D. Jurcevic            | Gen. Mgr. | Charana & Labour | 8/29/2012 |

| RE   | _   |       |
|------|-----|-------|
| 6.   | CEI | VED   |
| 2002 | •   | a c O |

| Date of Notification (1)<br>August 22, 2012                             |  |                                      | Name of<br>RBH-T  | Building (            | Owner/Operato<br>ST/URBAN  | r (2)<br>RENE <b>%</b> /   | AL ENTIT                              | 7 AM                            | 3: :          |              |             |           |  |  |
|---|--|--------------------------------------|-------------------|-----------------------|--|--|---------------------------------------|---------------------------------|---------------|--------------|-------------|-----------|--|--|
| Agencies Notified Type Notification                                     |  |                                      | Street Ad         | dress<br>ket Stre     |  |  | & LICE                                | CONT                            | 00            |              |             |           |  |  |
| EPA Initial Amended Amendment   |  |                                      |                   | e, Zip Coo            | de<br>Jersey 0701  | RBAN RENEWARENTITY AND 3: 19  & LICENSING  by 070102   |                                       |                                 |               |              |             |           |  |  |
| DOH justification)  DCA Cancellation                                    | including  | 100                                  | Name of<br>Adam I | Contact<br>Denting    | er   | Telephone Number   |                                       |                                 |               |              |             |           |  |  |
|   |  |                                      | FACIL             | ITY INFO              | RMATION  |  |                                       |                                 |               |              |             |           |  |  |
| Name of Facility Where Abatement is Taking<br>TEACHER VILLAGE PHASE #2  | Place (3)  |                                      |                   |                       |  | Sch  | Facility (4)<br>nool (K-12)           |                                 |               |              |             |           |  |  |
| Street Address<br>37-39 William Street                                  |  |                                      |                   |                       |  |  | ochapter 8 (C<br>er (i.e. privat<br>) |                                 |               | dings        | , hom       | es,       |  |  |
| City (5)<br>Newark,   |  |                                      |                   |                       |  | Square 5   | -                                     | of Floors                       |               | 3ldg.<br>50+ | Age         |           |  |  |
| County (6)<br>Essex   |  |                                      | County C          | code (7)<br>ISE ONLY) |  | Current Church   | Use (Prior if i                       | eing demol                      | ished)        |              |             |           |  |  |
| Name of Monitoring Firm Hired by Building CCSA                          | Owner (8)  |                                      | ASCM              | No.                   |  |  | nent Contract                         |                                 |               |              |             |           |  |  |
| Street Address<br>26 LORENZO COURT                                      |  |                                      |                   |                       |  | t Address<br>GETTY   | AVE.                                  |                                 |               |              |             |           |  |  |
| City, State, Zip Code<br>MATAWAN, NEW JERSEY 07747                      | <del></del>  |                                      |                   |                       | 100000000000000000000000000000000000000                            | State, Zip Code<br>FTON, NEW JERSEY 07011-1802   |                                       |                                 |               |              |             |           |  |  |
| Project Manager for Monitoring Firm MICHAEL CHAIN                       |  |                                      | Telephon          | ne No.                | Telep  | hone No. License No. 478-4848 00724  |                                       |                                 |               |              |             |           |  |  |
| Start Date (10)<br>September 5th, 2012                                  | Schedule<br>Septem   | d Com                                | pletion E         | Date (11)             | Name   | ne of OSHA Monitor AVCO CONSTRUCTION INC.  |                                       |                                 |               |              |             |           |  |  |
| Occupancy Status During Abatement (Check                                | area and a second  |                                      |                   |                       |  | et Address   |                                       |                                 |               |              |             |           |  |  |
| Facility Closed/Vacated During Entire F                                 |  |                                      |                   |                       |  | GETTY AVE.   |                                       |                                 |               |              |             |           |  |  |
| Abatement Performed Outside of Norm Other – Describe: 7:00am-3:30pm Mon | al Facility<br>day - Frida   | Hours<br>y                           |                   |                       | 0225000  | State, Zip 0<br>FTON, N  | Code<br>EW JERS                       | EY 07011                        | -1802         |              |             | 1         |  |  |
| Scope of Work (Check All That Apply)                                    | linear I   |                                      |                   |                       |  | তা   | 1 9                                   |                                 |               |              | 11          |           |  |  |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if                                       | CONTRACTOR OF THE PERSON OF TH | enova<br>emoliti                     |                   |                       |  | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure |                                       |                                 |               |              |             |           |  |  |
|   | le   | Locati                               | on :              |                       |  | NOII-E   | xempled ( )                           | and Non-Fil                     | able Pro      |              | emen        | t         |  |  |
| Location of   | N  | ormall                               | ly                |                       | Descriptio   | n of   |                                       |                                 |               | T            | уре         |           |  |  |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)        | Mai  | i Solei<br>ntenar<br>odial S<br>(12) | nce/              |                       | tos Containing<br>thermal systen<br>surfacing, V<br>other miscella | ns insulatio<br>AT, or   | n,                                    | Amount<br>(Specify<br>SF or LF) | Removal       | Repair       | Encapsulate | Enclosure |  |  |
|   | Yes  | No                                   | N/A               |                       |  |  |                                       |                                 |               |              | •           |           |  |  |
| Basement Boiler   |  |                                      | X                 |                       | ermal Boiler   |  | n                                     | 120SF                           | x             |              | _           |           |  |  |
| Basement Piping   |  |                                      | ×                 | Т                     | hermal Pipe  |  |                                       | 15LF                            | Х             | _            | _           |           |  |  |
| Throughout the Bldg.  | -  |                                      | X                 |                       | Vat & Ma   | astic  |                                       | 9110SF                          | X             | _            | _           |           |  |  |
| Name of Registered Waste Hauler   |  | N                                    | JDEP W            | acte                  | Cubic Yards  | T K  | lame of Regi                          | etered Land                     | 6II           |              | _           |           |  |  |
| Slavco Construction Inc.  |  | Н                                    | auler ID          |                       | of Waste   |  | 3.R.O.W.S                             |                                 |               |              |             |           |  |  |
| City, State<br>CLIFTON , NEW JERSEY 07011-18                            | 302  |                                      |                   |                       | Disposal Dat<br>TBD  |  | city, State<br>MORRISVI               | LLE, PA                         |               |              |             |           |  |  |
| Completed by<br>Vivian D. Jurcevic                                      | Title<br>Gene  | ral M                                | gr.               |                       | Signatu  | 1  | F Quan                                |                                 | Date<br>Augus | t 22,        | 2012        |           |  |  |

|  |   |                        | NOTII                                  | FICATIO<br>Pursuan | N OF ASE<br>t to NJAC   | 8:60 a   | ABATE                     | MENT<br>0)                  | Ţ.   |               | RE                | 0             |                   |                 |           |      |
|--|---|------------------------|--|--------------------|-------------------------|--|---------------------------|-----------------------------|--|---------------|-------------------|---------------|-------------------|-----------------|-----------|------|
| Date of Notification (1)<br>October 12, 2012             |   |                        | of Building<br>ry Hill                 | Owner              | /Operator               |  | eck # 50                  | 73 12 (                     | OCT.   | -             | 1/4               | E             | )                 |                 |           |      |
| Agencies Notified  | Type Notification                           | l -                    |  |                    | Address<br>Oxford R     | oad  |                           |                             | l.   | Te            | STO-              | 7             | AM,               | 3: <sub>i</sub> | >         |      |
| DEP<br>DOL   | Amended Amendmen                            |                        |  |                    | ate, Zip Co<br>aminson, |  | 8077                      | ,                           |  | de L          | ICEN              | CO            | NTA               | ים              |           |      |
| DOH DCA  | Emergency justification Cancellation        |                        | 9                                      | Name of Mary       | of Contact<br>Hill      |  |                           |                             |  | Te            | lephone           | Nui           | mer               | OL.             |           |      |
| Name of Facility Where                                   | Abatement is Takir                          | ng Place               | (3)                                    | FAC                | ILITY INF               | ORMAT  | TION                      | Туре                        | of Facility  | / (4)         |                   |               |                   |                 |           |      |
| Residence  |   | 77-2-1                 |  |                    |                         |  |                           |                             | School (K  |               |                   |               |                   |                 |           |      |
| Street Address<br>119 Oxford Road                        |   |                        |  |                    |                         |  |                           | ×                           | Subchapte<br>Other (i.e.<br>etc.)                    | er 8 (Oth     | er than<br>& comm | K-12<br>nerci | 2)<br>al bui      | ldings          | , hon     | nes, |
| City (5)<br>Cinnaminson                                  |   |                        | 22762422024                            | 4.00               |                         |  |                           | Squa<br>240                 | are Feet   | 3             | f Floors          |               |                   | 3ldg.           | Age       |      |
| County (6)<br>Burlington                                 |   |                        |  |                    | Code (7)<br>USE ONLY    | ,  |                           |                             | ent Use (P<br>sidence                                | rior if be    | ing dem           | olish         | ned)              |                 |           |      |
| Name of Monitoring Firm                                  | Hired by Building                           | Owner (8               | )                                      | ASC                | M No.                   |  |                           |                             | atement Co<br>vironme                                |               |                   |               |                   |                 |           |      |
| Street Address<br>1253 N. Church Ro                      | ad  |                        |  |                    | *                       |  | Street                    |                             | 22.2   |               |                   |               |                   |                 |           |      |
| City, State, Zip Code                                    |   |                        |  | - The second       |                         |  |                           | S. Lippincott Ave           |  |               |                   |               |                   |                 |           |      |
| Moorestown, NJ 08  |   |                        |  | Мар                |                         |  |                           | aple Shade, NJ 08052        |  |               |                   |               |                   |                 |           |      |
| Project Manager for Mon<br>Jim Guilardi                  | itoring Firm                                |                        |  |                    |                         |  |                           | phone No. License No. 00842 |  |               |                   |               |                   |                 |           |      |
| Start Date (10)<br>October 16, 2012                      |   | Schedu                 |  |                    | Date (11)               |  | Name of OSHA Monitor EMSL |                             |  |               |                   |               |                   |                 |           |      |
| Occupancy Status During                                  | Abatement (Chec                             | k Only O               | ne)                                    | Street Add         |                         |  |                           |                             |  |               |                   |               |                   |                 |           |      |
| Facility Closed/Vaca<br>Abatement Performe               | ated During Entire I<br>and Outside of Norm | Period of nal Facility | Abaten<br>y Hour                       | city, Stat         |                         |  |                           |                             | Haddon Ave<br>tate, Zip Code                         |               |                   |               |                   |                 |           |      |
| Other – Describe: _ Scope of Work (Check Al              | I That Apply                                |                        |  | Westr              |                         |  |                           |                             | , New J  | ersey         | 08108             | 3             |                   |                 |           |      |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf                        | т ттак Арргу)                               | minimum.               | Renova<br>Demolif                      |                    |                         |  | ×                         | Mir<br>Glo                  | I Containm<br>ni-Enclosur<br>ovebag Pro<br>n-Exempte | re<br>ocedure |                   |               |                   |                 | e         | II   |
|  |   | N 855                  | Locati                                 |                    |                         |  |                           |                             |  |               |                   |               | Abatement<br>Type |                 |           |      |
| Location Asbestos-Containing I TO BE ABA In Facilit (13) | Material (ACM)                              | Use<br>Ma              | ed Sole<br>intenai<br>todial S<br>(12) | ly by<br>nce/      |                         | escription of<br>ntaining Material (ACM)<br>al systems insulation,<br>acing, VAT, or<br>miscellaneous) |                           |                             | Amount<br>(Specify<br>SF or LF)                      |               |                   | Remova        | Repair            | Encapsulate     | Enclosure |      |
| . Decement (   | N=101==                                     | Yes                    | No                                     | N/A                |                         |  |                           |                             |  |               |                   |               |                   |                 | te        | ω    |
| Basement C<br>Attic                                      | elling                                      |                        |  | XXX                | /                       |  | tos She                   |                             |  |               | SF                |               | xxx               |                 |           |      |
| Auc  |   |                        | 8                                      | XXX                |                         | ve   | rmiculit                  | e<br>                       |  | 20            | 0 SF              |               | XXX               |                 |           |      |
| Name of Registered Wast                                  | e Hauler                                    |                        | l Ni                                   | JDEP W             | aste I                  | Cubic  | Varda                     |                             | Norsect  | Dogist        |                   | 1611          |                   |                 |           |      |
| Freehold   | radioi                                      |                        | Н                                      | auler ID           | 7745378/                | of Was   |                           |                             | Name of<br>Grows                                     |               |                   | 11111         |                   |                 |           |      |
| City, State<br>Mount Holly, New Jer                      | sey 08060                                   |                        |  |                    |                         | Dispos<br>10-18  | al Date                   |                             | City, Stat   |               |                   |               |                   | _               |           |      |
| Completed by<br>Villiam Lynch                            |   | Title<br>Owne          | er -                                   |                    |                         | S  | ignature                  |                             | 9.0  |               | -                 | Date          | :<br>: 12,        | 201             | 2         |      |
|  |   |                        |  |                    | -                       |  |                           | -/.0                        | 106.   |               |                   |               | ometer Silv       | 7000            | - 1       |      |

### NOT

| State of New Jersey                | _     |
|------------------------------------|-------|
| TIFICATION OF ASBESTOS ABATEMENT   | REA   |
| (Pursuant to NJAC 8:60 and 12:120) | RECE  |
|                                    | Rose. |

| 2000  |                                  |               | (F                    | Pursuant                                   | t to NJAC                      | 8:60 an                     | d 12:12   | 0)                             | 7.9<br>9.555   | * 1 /       | CEI                             | 1/6            | ٠.                |             |           |  |
|---|----------------------------------|---------------|-----------------------|--|--------------------------------|-----------------------------|---|--------------------------------|--|-------------|---------------------------------|----------------|-------------------|-------------|-----------|--|
| Date of Notification (1) October 10, 2012   |                                  |               | of Building<br>y Hill | Owner/                                     | Operator                       | r (2)<br>Ch                 | 20<br>eck # 501<br>45 స్ట్రీ  | n V(. 1                        | 1 1 -  |             |                                 |                |                   |             |           |  |
| Agencies Notified  EPA DEP  | Type Notification                | 1             |                       | 119 C                                      | Address<br>Oxford Ro           |                             |   |                                | 458  | EST         | OS CON<br>ENSIN                 | M 3:           | 17                |             |           |  |
| DEP<br>DOL  | Amended<br>Amendmen<br>Emergency |               |                       |  |                                |                             |   |                                |  | LLIC        | ENSIN                           | TRO            | L                 |             |           |  |
| DOH DCA   | justification<br>Cancellation    | )             | 9                     | Name of Mary                               | of Contact<br>Hill             |                             |   |                                |  | Те          | lephone N                       | umber          |                   |             |           |  |
| Name of Facility Where Residence  | Abatement is Takir               | ng Place      | (3)                   | FAC  | ILITY INFO                     | ORMAT                       | ION   | Тур                            | e of Facility  |             |                                 |                |                   |             |           |  |
| Street Address<br>119 Oxford Road   |                                  |               |                       |  |                                |                             |   | ×                              | School (K-<br>Subchapte<br>Other (i.e.<br>etc.)        | r 8 (Oth    | er than K-<br>& commer          | 12)<br>cial bu | ilding            | s, hon      | nes,      |  |
| City (5)<br>Cinnaminson   |                                  |               |                       |  |                                |                             |   | Squa<br>240                    | are Feet   | 3           |                                 | Bldg.<br>75    | Age               |             |           |  |
| County (6)<br>Burlington  |                                  |               |                       |  | Code (7)<br>USE ONLY)          | -                           | _   |                                | ent Use (Pr<br>sidence                                 | ior if bei  | ing demoli                      | shed)          |                   |             |           |  |
| Name of Monitoring Firm   | Hired by Building                | Owner (8      | 3)                    | ASC  | M No.                          |                             |   |                                | atement Co<br>nvironmer                                |             |                                 |                |                   |             |           |  |
| Street Address<br>1253 N. Church Ro   | ad                               |               |                       |  |                                |                             | Street<br>47 S  |                                | ess<br>oincott Av                                      | e           |                                 |                |                   |             |           |  |
| City, State, Zip Code<br>Moorestown, NJ 08  |                                  |               |                       | City, State, Zip Code<br>Maple Shade, NJ 0 |                                |                             |   |                                | 08052  |             |                                 |                |                   |             |           |  |
| Project Manager for Mon<br>Jim Guilardi   | itoring Firm                     |               |                       | 856-840-8800 856-                          |                                |                             |   | Elephone No. License No. 00842 |  |             |                                 |                |                   |             |           |  |
| Start Date (10)<br>October 24, 2012   |                                  |               |                       | mpletion Date (11) Name<br>, 2012 EMS      |                                |                             |   | me of OSHA Monitor<br>MSL      |  |             |                                 |                |                   |             |           |  |
| Facility Closed/Vaca<br>Abatement Performe<br>Other – Describe:                                     | ited During Entire               | Period of     | Abaten                | nent                                       |                                |                             | City, S   | Hadd<br>tate, 2                | on Ave<br>Zip Code<br>t, New Je                        | roov        | 09109                           |                |                   |             |           |  |
| Scope of Work (Check Al   | That Apply)                      |               |                       | 50   |                                |                             | 77631   |                                | i, 146W J  | эгэсу       | 00100                           |                |                   |             |           |  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf  |                                  | -             | Renova<br>Demolit     |  |                                |                             | ×   | Mi                             | II Containmoni-Enclosure<br>ovebag Prod<br>on-Exempted | e<br>cedure |                                 |                |                   | e ·         |           |  |
| Location  | of                               |               | S Locati<br>Normal    | ally                                       |                                |                             |   |                                |  |             |                                 |                | Abatement<br>Type |             |           |  |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Used Sol Maintena Custodial (12) |                                  |               |                       |  | (i.e. t                        | os Cont<br>hermal<br>surfac | ontaining Material (ACM) ial systems insulation, facing, VAT, or r miscellaneous) |                                |  | (S          | Amount<br>(Specify<br>SF or LF) |                | Repair            | Encapsulate | Enclosure |  |
| Basement (  | Ceiling                          | Yes           | No                    | N/A<br>XXX                                 | Δ                              | Asbest                      | os She  | etino                          | ,  | 8           | SF                              | xxx            |                   | 6           |           |  |
| Attic   |                                  |               |                       | xxx  | Asbestos Sheeting  Vermiculite |                             |   |                                |  |             | 0 SF                            | XXX            |                   |             | 3"-333    |  |
|   |                                  |               |                       |  |                                | 4.                          |   |                                |  |             |                                 | -              |                   |             |           |  |
|   |                                  |               |                       |  | aste<br>No.                    | Cubic of Was                |   |                                | Name of F  |             |                                 | 1              |                   |             |           |  |
| City, State<br>Mount Holly, New Jer   | sey 08060                        |               |                       | 11   |                                |                             | al Date   |                                | City, State<br>Tullytow                                |             |                                 |                |                   |             |           |  |
| Completed by<br>William Lynch   |                                  | Title<br>Owne | er                    | _  | 1                              |                             | gnature   | /                              |  | 121         | Da                              | ate<br>ct. 10  | 10, 2012          |             |           |  |
|   |                                  |               |                       |  |                                | 100                         | a   | ~                              | - 7 .0   | 100         | -                               |                | * 500             |             |           |  |

| 16:11 From:ASBESTOS<br>Shade Enviro   |  |   | 509633066   | 4   | To:856<br>856-482  | 482 5879<br>-5879                            |            | р                          | ນ F           | 2.1/1    |  |
|---|--|---|---|---|--|--|------------|----------------------------|---------------|----------|--|
| REMEM   | BER — MA   | ibdArid<br>(Pursuan   | MILE SELSY  | OS ABATEME  | CETYE  | i <b>o</b> . – 1(                            |            |                            | /             | rint Fo  |  |
| Cate of Notification (1) October 10, 2012  Agencies Notified  FPA FPA FPA FPA FPA FPA FPA FPA FPA FP                                    | t 호<br>(including  | Name of Mary  Street / 119 C  City. St  Cinna  Name of Mary | of Building Own ry Hill  Address  Oxford Road  toto, Zip Gode  arrinson, NJ  of Contact | ASBEST 08077  | OS CONT<br>CENSUS<br>Pe of Facility (4)<br>School (K-12<br>Subchapter 8  | VER AP                                       | / 20<br>PR | 10/                        | /EI           |          |  |
| C ty (5) Cinnaminson County (6) Burlington  |  |   | Code (7)  | 24  | uene Feet<br>100   | s of Fluurs 3 if being demolish              |            | ildings<br>Bldg .<br>75    |               | 1934     |  |
| Names of Monitoring Firm Hired by Ruliding TTI Street Address 1253 N. Church Road City, State Zip Code                                  | Owner (8)  | ASCI  | M No  | Name of A<br>Shade I<br>Street Add<br>47 S. Li  | ame of Abatement Contractor (9) Shade Environmental, LLC Ireel Address 7 S. Lippincoll Ave   |  |            |                            |               |          |  |
| Moorestown, NJ 08057 Project Manager for Monitoring Firm Jim Guilardi Start Date (10) October 24, 2012                                  | Scheduled Co   | impletion   | 10-8800   | Maple S<br>Telephone<br>856-755<br>Name of C  | Maple Shade, NJ 08052           Telephone No         License No.           856-755-0099         00842           Name of OSHA Monitor |  |            |                            |               |          |  |
| Occupancy Status During Abatement (Checo Facility Closed/Vacaled During Entire if Abatement Performed Outside of Norm Other - Describe: | k Only One)<br>Period of Abate                               | ment  |   | City, State   | Idon Ave   | ey 08108                                     |            |                            |               |          |  |
| Scope of Work (Check All That Apply)  23 of or 23 if  21 200 of or 2200 if  | ⊠ Rency<br>□ Demo  |   |   | H S   | Ainl-Enclosure<br>Slovebag Proced  | with Negative Pi<br>lure<br>) and Non-Friabl |            |                            | ·<br>e,       |          |  |
| Location of Aspentos-Containing Material (AGM) <u>IO RE ABATED</u> In Facilly (13)  | Is Loca<br>Norma<br>Used Sol<br>Mainten<br>Cuntodial<br>(12) | ely by<br>ance/<br>Staff?                                   | Astestos Co<br>(Le Mem  | decorption of<br>intuining Mater<br>of ayetoms inco<br>facing, VAT. or<br>miscollaneous | dation.  | Amount<br>(Bpccify<br>SF or LF)              | Aemoval    | The Control of the Control | P Encapsulate | Endosure |  |
| Basement Ceiling Attic  |  | XXX   |   | stos Sheelir<br>ermiculite  | ng   | 8 SF<br>200 SF                               | 200X       |                            |               |          |  |
| Name of Registered Waste Hauter<br>Freehold   | [1   | NJDFP WA<br>Heuler ID I                                     |   | n Yaros<br>hate   | Name of Reg<br>Grows Lar   | sistered Landfill<br>adfill                  |            |                            |               |          |  |

Disposal Date

Signature

10-26-12

William Lynch

Completed by

City. State Mount Holly, New Jersey 08060

Tille

Owner

Date

Oct. 10, 2012

Tullytown, PA.

City. Stale

## Check 8358

| Date of Notification (1)                 | 10 15             | 1,2                     | N                   | ame of   | Building Owner     | Operator (2)             |                                       | .0                        | 2        |          |             |           |
|--|-------------------|-------------------------|---------------------|----------|--------------------|--------------------------|---------------------------------------|---------------------------|----------|----------|-------------|-----------|
|  | 10/15             | 114                     |                     |          | Franchi            | Demo                     | lition                                | INE                       | 17       | en 198   | 70          |           |
| Agencies Notified                        | Type Notificat    |                         | S                   |          | Po.                | Box                      | 734                                   | S-S                       | =        |          |             |           |
| □ EPÄ                                    | Initial Amende    |                         | C                   |          | e, Zip Code        | The State of the Control | 12 7.22 96 F                          | ਰਹ                        |          | 1        | m           |           |
| > por                                    | Amendm  D Emerger | ent #<br>icy (including |                     |          |                    | anden                    | NJ                                    |                           | -        |          | -           |           |
| DOH DCA                                  | justificati       | on)                     | N                   |          | Contact<br>ar K Fr | <i>lanchi</i>            |                                       | Telephone Numb            | er 🚄     | Ē_       |             |           |
| .,                                       |                   |                         |                     |          | ITY INFORMAT       |                          | · · · · · · · · · · · · · · · · · · · | 50                        |          |          | 744.0       | . –       |
| Name of Facility Where                   |                   |                         |                     |          |                    | 0.000                    | of Facility (4                        |                           | 6        | <b>P</b> |             |           |
| Street Address                           | tamily            | Durc                    | llicks              |          |                    |                          | School (K-1:<br>Subchapter            | 2)<br>8 (Other than K-12) |          |          |             |           |
| 219                                      | Line              | oln f                   | UE                  |          |                    | <b>75</b> € (            |                                       | rivate & commercial       | build    | ings, l  | nome        | s,        |
| City (5)                                 | Sboro             | NI                      | _                   | 08       | 3066               | Squar                    | e Feet                                | # of Floors               |          | dg. Ag   |             |           |
| County (6)                               | SPORG             | ,0_                     | C                   | ounty C  | Code (7)           |                          |                                       | or if being demolishe     | d)       | ,        |             |           |
| Name of Monitoring Firm                  | Cester            |                         |                     | ASCM     | AN ENDOCAD         | Name of Abat             | rsle T                                | tractor (9)               | x l      | 11:45    | )           |           |
| EPC TE                                   |                   | g china (e)             |                     | A        | J/A                | EPC                      | Te                                    | the le                    | qi       | 28       |             |           |
| Street Address R.O. Bo                   | - 23              | 2                       | 11                  |          | •                  | Street Addres            | Ras                                   | 337                       | U        |          |             |           |
| City, State, Zip Code                    | 1                 |                         |                     | P 9      | •                  | City, State, Zi          | -                                     | J ALT                     | •        | 10       | <b>C7</b>   | 12        |
| Project Manager for                      | fring Firm        | A7 G                    | 18                  | elephor  | ne No.             | Telephone No             | Egy                                   | License No                |          | 0        | 95          | 66        |
| Steve Se                                 |                   | 2As                     | 6                   | 199      | 758-336            | 60975                    | 8-33                                  | 65 0                      | 0        | 3        | 94          | L.        |
| Start Date (10)                          |                   | Schedule                |                     | letion I |                    | Name of OSI              | Monitor                               | boologi                   | 25       |          |             |           |
| Occupancy Status Durin                   | g Abatement (C    |                         |                     | 110      | •                  | Street Addres            | SS                                    | 222                       |          |          |             |           |
| Facility Closed/Vac<br>Abatement Perform | cated During En   | tire Period of A        | bateme              | ent :    |                    | City, State, Z           | 50 %                                  | 33 r                      |          | -        | - 5-57      |           |
| Other - Describe:                        |                   |                         | ·                   |          |                    | New                      | Esu                                   | ZN to                     | 0        | 95       | 3           | 3         |
| Scope of Work (Check A                   | All That Apply)   |                         | •                   |          |                    |                          | 37                                    |                           |          |          |             |           |
| ≥3 sf or ≥3 lf                           |                   | 1. Taritan 1888         | enovati             |          |                    |                          | II Containm                           | ent with Negative Pr      | essu     | е        |             |           |
| ≥160 sf or ≥260 lf                       |                   |                         | emontic             | 211      |                    | _ Glo                    | vebag Pro                             |                           | a Pro    | adur     |             |           |
|  |                   | <del></del>             |                     |          |                    | A 100                    | n-exemple                             | d ( ) and Non-made        |          | Abate    |             |           |
| Locatio                                  | n of              | 1                       | Locatio<br>Iormally | 1        |                    | Description of           |                                       |                           | _        | Туре     |             |           |
| Asbestos-Containing                      | g Material (ACN   |                         | d Solely<br>intenan |          | Asbestos Co        | ntaining Material        |                                       | Amount<br>(Specify        | D        | _        | Enc         | l m       |
| TO BE AB                                 |                   | Cust                    | odial St            | taff?    | sur                | facing, VAT, or          | 311011,                               | SF or LF)                 | Remova   | Repair   | Encapsulate | Enclosure |
| (13)                                     | )                 |                         |                     |          | otne               | r miscellaneous)         |                                       |                           | /al      | 5        | late        | J.E       |
|  |                   | Yes                     | No                  | N/A      |                    | CL. 1                    |                                       | 7.000                     |          | -        | -           |           |
| exterior                                 | Walls             |                         | •                   | X        | Siding             | Shingk                   | :S                                    | Z000 SF                   | ×        | -        |             | -         |
|  |                   |                         |                     |          |                    |                          |                                       |                           |          | -        | -           | -         |
|  |                   |                         |                     |          |                    |                          |                                       |                           | -        |          | -           | -         |
|  | ata Unidas        |                         | I N                 | JDEP W   | Vaste Cut          | oic Yards                | Name of                               | Registered Landfill       | J        |          |             |           |
| Name of Registered Wa                    |                   | 155                     |                     | auler ID | No. of V           | Vaste                    | Ma                                    |                           |          | ea       | 000         | 4         |
| EPC Tec                                  | -17.              |                         |                     | 700      | Dis                | ooşal Date               | City, Sta                             | te .                      | -        |          | 4           | • •       |
| NE NI                                    |                   |                         |                     |          | 10                 | 11-                      | Mod                                   | pisville                  |          | 1        |             |           |
| Completed by                             |                   | Title                   |                     | ^        | ,                  | Signature                | 0 0                                   | Da                        |          | 15       | 1,          | 2         |
| Steve Sch                                | en Ken            | PR                      | e 51'               | Den      | 7                  | مدسد                     | her                                   |                           | <u> </u> | ()       | 110         |           |